

Documentation

• Nursing Triage Form
 • Date: 8/13/11 Time: 0245 Facility: Gurney
 • Name of offender Patient: DeWayne Kenneth James
 • TDCI # 17268495
 • Name of Security Officer Calling: Sgt Flower
 • Patient's Age: 40 Sex: Male
 • Presenting Problems/Symptoms: 1087 incoherent
 • Instructed to send pt to ED
 • Protocol used: (List protocol name, and page number):
 1. Heat Related Page 281 11
 2. _____
 3. _____
 4. _____
 5. Other _____
 • Problem: Emergent Urgent Non-Urgent
 (Immediately) (2 hrs) (Pass Issued / Fill out Sick Call Request)
 • Circle Correct Information
 • Telephone Triage
 • 1. Instructions given to security officer to call 911 and transport offender patient to nearest local community hospital ED.
 • 2. Instructions given to security officer to transport the offender patient to the designated HUB for a full assessment and further care. (applicable only if the facility is within a designated HUB area)
 • 3. Instructed the Security officer to issue a pass to the offender patient to come to medical the next day.
 • 4. Other as ordered by a provider: Schaefer NP
 • Additional Comments: Pt was sent to all from Gurney. By Security
 • Signature of nurse: J. Robison
 • Revision 07/18/10

J. Robison 07/18/10

Utilization Quinn called ¹⁴ 0310
 #Cert 16778732

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MC00045 /NDU2/HS04

TEXAS DEPARTMENT OF CRIMINAL JUSTICE
HEALTH SUMMARY FOR CLASSIFICATION11:10:19
08/15/2011NAME: JAMES, KENNETH WAYNE
TDCJ#: 01726849 SID#: 03298658
UNIT: HOUSING:DOB: 11/25/1958
WGT: 254 LBS
HGT: 5'10"P U L H E S
|-----|
|3|1|1|1|1|1|

JOB:

|E|A|A|A|A|A|
|P| | | | | |

I. FACILITY ASSIGNMENT (CHECK ONE)

A. NO RESTRICTION
 B. BARRIER-FREE FACILITY
 C. SINGLE LEVEL FACILITY
 D. SUITABLE FOR TRUSTEE CAMP? YES NO

II. HOUSING ASSIGNMENT

A. BASIC HOUSING (CHECK ONE)
 1. NO RESTRICTION
 2. SINGLE CELL ONLY
 3. SPECIAL HOUSING (HOUSING WITH
 LIKE MEDICAL CONDITION)
 4. CELL BLOCK ONLY
C. ROW ASSIGNMENT (CHECK ONE)
 1. NO RESTRICTION
 2. GROUND FLOOR ONLY

B. BUNK ASSIGNMENT (CHECK ONE)
 1. NO RESTRICTION
 2. LOWER ONLY
D. WHEELCHAIR USE (CHECK ONE)
 1. NO RESTRICTION
 2. PHOP ORDERED
 3. UTILITY USE

III. WORK ASSIGNMENT/RESTRICTIONS (CHECK ALL THAT APPLY)

1. MEDICALLY UNASSIGNED
 2. PSYCHIATRICALLY UNASSIGNED
 3. SEDENTARY WORK ONLY
 4. FOUR HOUR WORK RESTRICTION
 5. EXCUSE FROM SCHOOL
 6. LIMITED STANDING
 7. NO WALKING > ____ YARDS
 8. NO LIFTING > ____ LBS.
 9. NO BENDING AT WAIST
 10. NO REPETITIVE SQUATTING
 11. NO CLIMBING
 12. LIMITED SITTING
 13. NO REACHING OVER SHOULDER
 14. NO WORK EXPOSURE TO LOUD NOISES
 15. NO FOOD SERVICE
 16. NO REPETITIVE USE OF HANDS
 17. NO WALK WET/UNEVEN SURFACES
 18. DO NOT ASSIGN TO MEDICAL
 19. NO WORK IN DIRECT SUNLIGHT
 20. NO TEMPERATURE EXTREMES
 21. NO HUMIDITY EXTREMES
 22. NO EXPOSURE TO ENVIRONMENT POLLUTANTS
 23. NO WORK WITH CHEMICALS OR IRRITANTS
 24. NO WORK REQUIRING SAFETY BOOTS
 25. NO WORK AROUND MACHINE WITH MOVING PART

IV. DISCIPLINARY PROCESS (CHECK ONE)

A. NO RESTRICTIONS
 B. CONSULT REP OF MENTAL HEALTH DEPT BEFORE TAKING DISCIPLINARY ACTION
 C. CONSULT REP OF MEDICAL DEPARTMENT BEFORE TAKING DISCIPLINARY ACTION

V. INDIVIDUALIZED TREATMENT PLAN (CHECK ALL THAT APPLY)

A. NO RESTRICTION C. MENTAL HEALTH REPRESENTATIVE REQUIRED
 B. MEDICAL REPRESENTATIVE REQUIRED

VI. TRANSPORTATION RESTRICTIONS (CHECK ONE)

A. NO RESTRICTION C. WHEELCHAIR VAN
 B. EMS AMBULANCE D. MULTI-PATIENT VEHICLE (MPV)

SMITH/NEW PA 08/15/2011
PRINTED NAME AND TITLE OF REVIEWER DATE SIGNATURE OF REVIEWER

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CLINIC NOTES

Name: James, Kenneth
 TDCJ No: 1726849
 Unit: Joe F. Gurney

TEXAS DEPARTMENT OF CRIMINAL JUSTICE
 INSTITUTIONAL DIVISION

Date & Time	Notes
<u>8/10/11</u>	Texas Uniform Health Status Update from previous corrections facility reviewed.
<u>1200</u>	Current Medications / Formulary Substitutions Indicated Below Include:
	<input type="checkbox"/> Chart to Mental Health Services for Medication Rx
H/O following:	<input type="checkbox"/> Enteric Coated Aspirin 81mg 1 QD x 30 days x 11 RF KOP
<input type="checkbox"/> HTN	<input type="checkbox"/> Atenolol 50mg # ____ QD x 30 days x 11 RF
<input type="checkbox"/> NIDDM	<input checked="" type="checkbox"/> Enalipril 10 mg # 9 q 5D x 30 days x 11 RF
<input type="checkbox"/> IDDM	<input type="checkbox"/> Amlodipine ____ mg 1 QD x 30 days x 11 RF
<input type="checkbox"/> CAD	<input type="checkbox"/> Lopressor ____ mg # ____ q ____ x 30 days x 11 RF
<input type="checkbox"/> Seizure	<input type="checkbox"/> Tenex ____ mg 1 QD x 30 days x 11 RF
<input type="checkbox"/> HCV	<input checked="" type="checkbox"/> Hydrochlorothiazide 25 mg 1 QD x 30 days x 11 RF
	<input type="checkbox"/> Insulin 70/30 ____ units AM; ____ units PM x 30 days x 11 RF
	<input type="checkbox"/> Insulin Regular Sliding Scale per Policy x 30 days x 11 RF
<input type="checkbox"/> HIV	<input type="checkbox"/> Insulin NPH ____ units AM; ____ units PM x 30 days x 11 RF
<input type="checkbox"/> Asthma	<input type="checkbox"/> Glipizide ____ mg # ____ , q ____ x 30 days x 11 RF
<input type="checkbox"/> Thyroid	<input type="checkbox"/> Metformin ____ mg Bid x 30 days x 11 RF
<input type="checkbox"/> GERD	<input type="checkbox"/> Dilantin 100mg # ____ , q ____ x 30 days x 11 RF
<input type="checkbox"/> Psych	<input type="checkbox"/> Tegretol 200mg # ____ , q ____ x 30 days x 11 RF
<input type="checkbox"/> Pos PPD	<input type="checkbox"/> Divalproex Sodium <input type="checkbox"/> 250mg <input type="checkbox"/> 500mg # ____ , q ____ x 30 days x 11 RF
	<input type="checkbox"/> Albuterol MDI 2 Puffs Bid PRN x 90 days x 3 RF KOP
	<input type="checkbox"/> Ibuprofen ____ mg 1 Bid PRN x 30 days KOP SFQ
	<input type="checkbox"/> Zantac 150mg # ____ Bid x 30 days x 11 RF KOP
	<input type="checkbox"/> INH 300mg & B6 50mg; 1 each QD x 30 days x 8 RF - Notify CID of Patient's TB Status
	<input type="checkbox"/> Pravastatin 20mg 1 QD x 30 days x 11 RF
	<input type="checkbox"/> Diet for Health w/ PM Snack x 180 days x 1 RF - Issue Identifying Wrist Band
	<input type="checkbox"/> Please inform Patient if medication change to appropriate formulary agents per policy

*Pravastatin 20mg 1 P.O. QD x 30 days
 Ibuprofen 200mg 1 P.O. Bid x 30 days*

MSA - 1 (Rev. 5/02) Rev. 9/14 4.3.2002

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TEXAS UNIFORM HEALTH STATUS UPDATE

I. NAME: James Kenneth W. DOB: 11/25/58 AGE: 52
 Last James First Kenneth MI W
 STATE ID# 3298658 RACE: B SEX: Male Female
 COUNTY/TDCJ# 118420 WT: 225 HT: 5'11

II. CURRENT/CHRONIC HEALTH PROBLEMS

A. Health Problems

- 1. None
- 2. Asthma
- 3. Pregnancy
- 4. Dental Priority
- 5. Diabetes
- 6. Drug Abuse
- 7. Alcoholism
- 8. Orthopedic Problems
- 9. Cardiovascular/Heart Trouble
- 10. Suicidal
- 11. Mental Retardation
- 12. Mental Illness (Specify diagnosis) Depression
- 13. Recent Surgery
- 14. Seizures
- 15. Dialysis
- 16. Hypertension
- 17. CARE System Y NO

*NOTE: When screening substance abuse facility clients, please contact the TDCJ-ID Health Services Liaison at (936)437-3589 for clients with any chronic disease symptoms deemed unstable.

B. Preventive Medicine

- 1. Tuberculosis Status
 Skin Test: Date Given: 5/31/11 Date Read: 5/31/11 Results mm*
 X-Ray: Date: 5/31/11 Normal Abnormal Anti-TB Treatment? No Yes
- 2. Hepatitis: A B C Other:
- 3. HIV Antibody: Test Date: 5/31/11 Results: Neg Pos CD4: 1000 Date 5/31/11
- 4. Syphilis: Date: 5/31/11 Type: Treatment Completed: Yes No

*NOTE: If any treatment has been recommended, the X-Ray was abnormal, or skin test indicates infection please attach tuberculosis record.

C. Other Health Care Problems: Titanium Rod in back & bone spurs

IV. CURRENT PRESCRIBED MEDICATIONS

None

Medication	Dosage	Frequency
HCTZ	25mg	QAM
Cyclobenzaprine	10mg	BID
Lisinopril	10mg	BID
Neurontin	600mg	BID
Naproxen	500mg	BID
Ultram	50mg	BID

THIS FORM MUST ACCOMPANY ALL OFFENDERS TRANSFERRED TO AND FROM ALL TEXAS CRIMINAL JUSTICE ENTITIES

COMPLETED BY: Dr. Ollie L. Laval DATE: 8/10/11
 Signature: Dr. Ollie L. Laval Title: Physician

PHONE NUMBER: 251-757-2555 FACILITY: Holman County Jail

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TEXAS UNIFORM HEALTH STATUS UPDATE

I. NAME: James Kenneth W DOB: 11/26/58 AGE: 52
 Last First MI
 STATE ID# 3298458 RACE: B SEX: Male Female
 COUNTY/TDCJ# 118420 WT: 275 HT: 5'11

II. CURRENT/CHRONIC HEALTH PROBLEMS

A. Health Problems

- 1. None
- 2. Asthma
- 3. Pregnancy
- 4. Dental Priority
- 5. Diabetes
- 6. Drug Abuse
- 7. Alcoholism
- 8. Orthopedic Problems
- 9. Cardiovascular/Heart Trouble
- 10. Suicidal
- 11. Mental Retardation
- 12. Mental Illness (Specify diagnosis) Depression
- 13. Recent Surgery
- 14. Seizures
- 15. Dialysis
- 16. Hypertension
- 17. CARE System Y

*NOTE: When screening substance abuse facility clients, please contact the TDCJ-ID Health Services Liaison at (936)437-3589 for clients with any chronic disease symptoms deemed unstable.

B. Preventive Medicine

1. Tuberculosis Status

Skin Test: Date Given: / / / Date Read: / / / Results mm*
 X-Ray: Date: 5/1/11 Normal Abnormal Anti-TB Treatment? No Yes

2. Hepatitis: A B C Other:

3. HIV Antibody: Test Date: / / / Results: Neg Pos CD4: Date / / /

4. Syphilis: Date: / / / Type: Treatment Completed: Yes No

*NOTE: If any treatment has been recommended, the X-Ray was abnormal, or skin test indicates infection please attach tuberculosis record.

C. Other Health Care Problems: Titanium rod in back & bone spurs

IV. CURRENT PRESCRIBED MEDICATIONS

None

Medication	Dosage	Frequency
<u>Inderal</u>	<u>10 mg</u>	<u>BID</u>

THIS FORM MUST ACCOMPANY ALL OFFENDERS TRANSFERRED TO AND FROM ALL TEXAS CRIMINAL JUSTICE ENTITIES

COMPLETED BY: Mallie Sherrill, RN DATE: 8/10/11Signature/Title: Signature PHONE NUMBER: 254-757-2255 FACILITY: McLennan County Jail

Correctional Managed Care
REPORT OF PHYSICAL EXAM

Patient Name: JAMES, KENNETH W TDCJ#: 1726849 Date: 08/12/2011 11:45 Facility: GURNEY (ND)

Age: 52 year DOB: 11/25/1958 Race: B Sex: male

Most recent vitals from 8/12/2011: BP: 170 / 107 (Sitting) ; Wt: 254 Lbs.; Height: 71 In.; Pulse: 108 (Sitting) .

Resp: 18 / min; Temp: 96.7 (Oral)

Allergies: N/A KN-ATM-001-PO100

Patient Language: ENGLISH Name of interpreter, if required:

Current Medications: no

Chief Complaint and Notes: Chronic LBP

Significant Past Medical History: HTN, Lum Lam x 2, bilat Inguinal Hernia repair.

REMARKS (Vision & Hearing)							
CLINICAL EVALUATION	NL	AbNL	COMMENTS				
Head And Neck	x						
Eyes	x						
Ear	x						
Dental							
Chest, Breast	x						
Cardiovascular	x						
Hemopoietic/ Lymphatic	x						
Abdomen	x						
Gastrointestinal	x						
Endocrine/ Metabolic	x						
Nutritional	x						
Upper Extremities	x						
Spine	x		Full ROM				
Lower Extremities	x						
Skin	x						
Rectal	>50		PSA ordered.				
FOBT Fecal Occult Blood Test			Cards given				
GU Genitourinary	x		:				
Neuro	x						
Ob-Gyn (Pelvic)	N/A						
REMARKS: Reinforced Tylenol at the pill window Reinforced back rehab exercises with return demo. BP improved after Clonidine 0.2mg. 129/74.	Designators Codes Modifiers	P	U	L	H	E	S
		3	1	1	1	1	
		E	A	A	A	A	
		P	P	P	P	P	

PHN 4 (Rev 5-05) - chaperone

If any component of the physical exam is refused, a refusal form must be completed

Refusal Signed Yes No

UTMB CARS 1

Diagnoses HTN

1 of 2

Correctional Managed Care
REPORT OF PHYSICAL EXAM

Patient Name: JAMES, KENNETH W TDCJ#: 1726849 Date: 08/12/2011 11:45 Facility: GURNEY (ND)

Restrictions: III-11,12,14.

Orders.

CCC HTN in 30 days

Bp x 7 days.

Procedures Ordered:

CHEST X RAY 2 VIEW: hypertension (htn) - ccc

Procedures Ordered:

INTERMED OFFICE VISIT (NO COPAY): hypertension (htn) - ccc, physical examination, age

*PSA, SERUM: age

EKG/ECG REQUEST/ORDER (CNDBPBFSZPSYLEV2): hypertension (htn) - ccc

*CBC W/DIFF {BABYDMCD PSYLBPSZDBHVCNESLDAHEPHP}: hypertension (htn) - ccc

*COMPREHENSIVE METABOLIC PANEL (CMP) {PSYLABPHEPSZDBHVCNBFAHEPESLDHPESLD}: hypertension (htn) - ccc

hypertension (htn) - ccc

*THYROID STIMULATING HORMONE [TSH] {CNBFPSYLDLCDTPBPDBLEV2}: hypertension (htn) - ccc

*URINALYSIS, W/DIPSTICK MICROSCOPIC EXAM ON POSITIVES [UA] {HVCNDBBPBFPSYLESLD}: hypertension (htn) - ccc

hypertension (htn) - ccc

LIPID PANEL {CNDBBFHVPSYLDMDNBP}: hypertension (htn) - ccc

CORRECTIONAL MANAGED CARE
CLINIC NOTES - NURSING

Patient Name: JAMES, KENNETH W TDCJ#: 1726849 Date: 08/12/2011 12:28 Facility: GURNEY (ND)

Age: 52 year Race: B Sex: male

Most recent vitals from 8/12/2011: BP: 170 / 107 (Sitting) ; Wt: 254 Lbs.; Height: 71 In.; Pulse: 108 (Sitting) ; Resp: 18 / min; Temp: 96.7 (Oral)

Allergies: UNKNOWN ALLERGIES

Patient Language: ENGLISH Name of interpreter, if required: _____

Current Medications:

Today's Problem: RECEIVED VERBAL ORDER PER S. SMITH PA:
CLONIDINE 0.2MG NOW. CLONIDINE 0.2MG GIVEN AT 1155.

PATIENT IN CLINIC FOR INTAKE PHYSICAL . PATIENT HAS NOT BEEN TO PILL WINDOW TO PICK UP MEDICATION SINCE ARRIVAL TO UNIT ON 8-10-2011. BLOOD PRESSURE 170/100 PULSE 108

RECHECKED BLOOD PRESSURE:1230 BLOOD PRESSURE 129/74 PULSE 100

PATIENT BACK TO PROVIDER TO CONTINUE INTAKE PHYSICAL.

STEPHEN F. SMITH, PA

PATIENT: JAMES, KENNETH W

MPN: TENNESSEE COLONY, TX 75861
1726849
User: PINEHART, DEBBIE L.V.N.

INDEPAK 10MG TABS

Qty: 1 x TABS ORAL TWICE DAILY
Order Date: 08/12/2011 12:42
Start Date: 08/12/2011 12:42
Auto Stop Date: 08/11/2011 12:42

Disp. #: 60 TABS
Refills: None

Allow Generic - No product selection indicated
Rx Written On: 08/12/2011

This document has been sent for signature, but has not yet been reviewed

STEPHEN P. SMITH, PA

PATIENT: JAMES, KENNETH A

TENNESSEE COLONY, TX 75861

MRN:
User:

1726849
RINEHART, DEBBIE L.V.N.

VAGOTEC 10MG TABS

Qty: 1 x TABS ORAL TWICE DAILY
Order Date: 08/12/2011 12:38
Start Date: 08/12/2011 12:38
Auto Stop Date: 09/11/2011 12:38

Disp. #: 60 TABS
Refill #: 11 Refill: 09/11/2011 12:38

Allow Generic - No product selection indicated
Rx Written On: 08/12/2011

This document has been sent for signature, but has not yet been reviewed.

STEPHEN R. SMITH, PA

PATIENT: JAMES, KENNETH W

PHN: PENNINGTON, TX 75861
Order: DEBIE L.V.N.

HYDRODIURIL 25MG TABS

Sig: 1 x TABS ORAL DAILY
Order Date: 08/12/2011 12:40
Start Date: 08/12/2011 12:40
Auto Stop Date: 09/11/2011 12:40

Disp. #: 30 TABS
Refills: 11 Before: 09/11/2011 12:40

Allow Generic - No product selection indicated
Rx Written On: 08/12/2011

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EMS Documentation

- Patient Care Record

EMS

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**ESO
Solutions
Reporting**

**Palestine Regional
Medical Cnt
Patient Care Record**

Name: JAMES, KENNETH		Incident #: 11225-06	Date: 08/13/2011	Patient 1 of 1									
Patient Information													
First Name	KENNETH	Middle Name	Last Name	JAMES									
DOB	11/25/1958	Age	52 Years 8 Months 19 Days	Gender	Male								
Country	UNITED STATES	Address	2664 FM 2054	Zip Code	75861								
City	Tennessee Colony	State	Texas	Telephone	(903) 928-2217								
SSN	001-72-6849	DL State		Weight	127 kgs 280 lbs								
Clinical Impression		Med HX / Allergies / Meds											
Primary Impression Altered Level of Consciousness		Past History	Allergy	Present Medication									
		Denies	NKDA	Unknown									
Secondary Impression Cardiac Arrest													
Supporting Signs & Symptoms Cardiac - Cardiac Arrest													
Injury Details													
Vital Signs					3-Lead ECG/12 Lead Interpretation								
Time	AVPU	BP	Pulse	RR	SPO2	ETCO2	BG	Temp	GCS	RTS	Pain	Time	ECG
0335	U	80 / 50 A	145 R	35 I	67 RA			105.0	3-1,1,1			0335	Sinus Tachycardia
0340	U	/ M	0 A	15 R	69 O2	24			8-1,1,6			0340	Asystole
0345	U	0 / M	0 A	15 V	20 O2	12			3-1,1,1			0345	Asystole
0350	U	0 / M	0 A	15 V	15 O2	10			3-1,1,1			0350	Asystole
Flow Chart												12 Lead Interpretation	
Time	Treatment						Provider					Endotracheal Tube Verification	
0338	Airway: Ootracheal Intubation Size: 8ETT Placed At: 23cm Successful						Neel Mark					Auscultation of Lung S <input checked="" type="checkbox"/> <input type="checkbox"/> No Epigastric Sounds <input checked="" type="checkbox"/> <input type="checkbox"/> Positive Chest Rise <input checked="" type="checkbox"/> <input type="checkbox"/> Misting in Tube <input checked="" type="checkbox"/> <input type="checkbox"/> Cords Visualized <input checked="" type="checkbox"/> <input type="checkbox"/> ETCO2 <input checked="" type="checkbox"/> <input type="checkbox"/>	
0340	EZ-IO(Adult) Site: Right-Tibia Total Fluid Infused: 400ml Successful						Neel Mark						
0342	Atropine Dose:1 mg Response: Unchanged						Neel Mark						
0342	Epinephrine 1:10 Dose:1 mg Response: Unchanged						Neel Mark						
0347	Atropine Dose:1 mg Response: Unchanged						Neel Mark						
0347	Epinephrine 1:10 Dose:1 mg Response: Unchanged						Neel Mark						
0352	Atropine Dose:1 mg Response: Unchanged						Neel Mark						
0352	Epinephrine 1:10 Dose:1 mg Response: Unchanged						Neel Mark						

<https://esorp11.esosolutions.net/EMSSReports/rdPage.aspx?QUID=09f97091-3cbd-4634-ba...> 8/17/2011

EMS

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First Responder Treatment Prior to Arrival		
Aid Prior To Arrival By	Aid Prior To Arrival Type	Comments

<https://esorpt1.esosolutions.net/EMSReports/rdPage.aspx?QUID=09f97091-3cbd-4634-ba...> 8/17/2011

EMS

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		Assessment
Category	Abnormalities	Comments
Skin	Skin: Hot	DRY
Heent	Eyes-Left : Dilated, Pupil Size 6-mm Eyes-Right: Dilated, Pupil Size 6-mm	
Chest	Lung Sounds: Wheezing LU, Wheezing LL, Wheezing RU, Wheezing RL	
Back	No Abnormalities	
Abdomen	No Abnormalities	
Pelvis/GU	No Abnormalities	
Extremities	No Abnormalities	
Mental Status	Mental Status: Unresponsive	
Neurologic	Neurological: Other	UNRESPONSIVE
Narrative		
<p>DISPATCHED TO A ELEVATED TEMP AND UNRESPONSIVE. FOUND A OBESE 280 POUND UNRESPONSIVE MALE IN THE INFIRMARY AT LOCAL PRISON. INITIAL CONTACT WITH PATIENT HAS HIM UNRESPONSIVE BREATHING ABOUT 40 TIMES WITH AUDIBLE WHEEZES FROM ASPIRATION. ACCORDING TO GUARDS 45 MINUTES PRIOR TO FINDING HIM UNRESPONSIVE HE WAS ACTING DELERIOUS AND URINATING ON THE WALLS. AT NEXT CONTACT PT WAS FOUND UNRESPONSIVE IN CELL AND BROUGHT TO THE INFIRMARY. AT EMS CONTACT PT AGAIN UNRESPONSIVE, AUDIBLE WHEEZES. HOT TO TOUCH 105 BY PRISON TEMP. MOVE TO COT QUICK VITALS 85/42, RATE 145 NO SATS. INITIAL INTUBATE WITH BUGI AND 8.0 TUBE WITH 3 MAC BLADE GOOD VISUAL AND PLACEMENT, CO2 AND GOOD WAVE FORM INITIAL SAT 67% AND 27 CO2. EZ-IO RIGHT TIBA GOOD FLOW. PT MOVED IN ASYSTOLE QUICKLY AFTER PLACEMENT IN TRUCK. CONTINUE TO BAG WITH O2 BY BVM AND START CPR. ATROPINE AND EPI GIVEN WITH NO CHANGES IN THE ASYSTOLE. CONTINUE CPR AND BVM WITH O2 NO FURTHER CHANGES RELEASE TO ER.. ADULT I.O. PLACE</p>		
Specialty Patients		

08/17/2011 12:41 3037314213
EMS

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Incident Details		Destination Details		Incident Times
Location	TDCJ MICHAEL UNIT	Disposition	Transport Lights/Sirens	
Address	2664 FM 2054	Transport Due To	Patient	
City	Tennessee Colony	Treatment Level	Advanced Life Support	
State	Texas	Physician/RN	KNOWLES	
County	Anderson	Receiving Report		
Zip	75861			
Medic Unit	Medic 40	Destination	Palestine Regional Medical Center	
Run Type	911 call	Address	2900 South Loop 256	
Priority	Lights/Sirens	City	Palestine	
Scene		State	Texas	
Requested By	Other	Zip	75801	

Crew Members

Personnel	Employee Number	Position	Certification
Neel Mark	113	Lead Medic	Paramedic
Johnson Bryan		Driver	EMT

Insurance Details

Insured's Name	KENNETH JAMES	Medicare	Job Related Injury Employer	<input type="checkbox"/>
Relationship To Insured		Medicaid		
Address	2664 FM 2054		Contact	
City	Tennessee Colony	Primary Insurance	UTMB MANAGED CARE	Phone
State	Texas	Policy#	1726849	
Zip	75861	Group#	PO696997084	Next of Kin Name
		Secondary Insurance	Relationship to Patient	
		Policy#	Address	
		Group#	City	
			State	
			Zip	
			Phone	

Documentation from Palestine Regional Medical Center

- Reports and documentation from medical staff

08/15/2011 08:01 9037311183

PRMC HIM

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PALESTINE REGIONAL MEDICAL CENTER AND REHABILITATION HOSPITAL

JAMES, KENNETH WAYNE		Serv	FC	Loc	Room	Status	Adm Date	Adm Time	Unit #
Account No: L00103392104			11	L.ER		REG ER	08/13/11	0412	L000194299
<p>EMERGENCY Soc Sec No DOB Age Sex HS Race Religion 999-99-9999 11/25/58 52 M U BL DECLINED TO ANSWER</p> <p>Address: PO BOX 6400 TENNESSEE COLONY, TX 75861 Home Ph: 903-928-3118 County: ANDERSON COUNTY Language: ENGLISH Country: USA</p> <p>GUARDIAN UTM8, UTM8 SS#: 999-99-9999 Address: 301 UNIVERSITY BLVD 1008 GALVESTON, TX 77555 Home Ph: 800-605-8165 County: Relationship to Patient: OTHER</p> <p>OTHER GUARDIAN SS#: Address Home Ph: Relationship to Patient:</p>					<p>PATIENT UNEMPLOYED UNKNOWN PALESTINE, TX 75801 Work Phone: 903-999-9999 Occupation:</p> <p>UTMB UTM8 301 UNIVERSITY BLVD 1008 GALVESTON, TX 77555 Work Phone: 800-605-8165 Occupation:</p> <p>Other SS#: Address Home Ph: Relationship to Patient:</p>				
<p>PERSON TO NOTIFY HARDEN, GURNEY UNIT PO BOX 6400 TENNESSEE COLONY, TX 75861 Home Phone: 903-928-3118 Relationship to Patient: SP</p>		Work Phone:			Home Phone:			Work Phone:	
					Relationship to Patient:				
<p>INSURANCE UTMB MANAGED CARE 301 UNIVERSITY BLVD GALVESTON TX 77555-1008 Phone: 409-747-2653</p>		Policy #	Coverage #		Subscriber	Rel to Pt		Treat/Precert	
		1726849	0		JAMES, KENNETH WAYNE	SELF/SAME AS PA		779732	
					Rel to Pt	DOB		Ins Verif	
					SELF/SAME AS PA	11/25/1958		Pro Review	
					Group			Not Required	
<p>INSURANCE Phone</p>		Policy #	Coverage #		Subscriber	Rel to Pt		Treat/Precert	
						DOB		Ins Verif	
								Pro Review	
<p>INSURANCE Phone</p>		Policy #	Coverage #		Subscriber	Rel to Pt		Treat/Precert	
						DOB		Ins Verif	
								Pro Review	
<p>ATTENDING PHYSICIAN NO LOCAL PHYSICIAN</p>		KNOWLES, HEIDI C 1926 1926 1926							
Admit Source	Perf By	Arrived	Admitted By	REASON FOR VISIT					
EMERGENCY ROOM	EM	AMB	PRADMAMC	CARDIAC ARREST					
DIAGNOSIS		DRAFTED BY: PRADMAMC							
Printed By: PRADMAMC 08/13/11 0423									
Unit Number L000194299		Account Number L00103392104							

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PRMC HIM

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RUN DATE: 08/13/11
 RUN TIME: 0423
 RUN USER: PRADMAMC

Palestine Reg Med Ctr ADM *LIVE*
 IMPORTANT INFORMATION ABOUT SMOKING

PAGE 1

NAME: JAMES KENNETH WAYNE UNIT#: 1000194299 ACCT#: 100103392104

Smoking cigarettes tops the list of major risk factors of the nation's number one killer — heart and blood vessel disease. Almost one-fifth of deaths from heart disease are caused by smoking. There are many diseases and deaths attributed to smoking. Smoking also harms thousands of nonsmokers who are exposed to cigarette smoke, including infants and children.

No matter how much, or how long you've smoked, when you quit smoking, your risk of heart disease and stroke lessens. In time, your risk can be about the same as if you'd never smoked!

American Heart Association Advice on How to Quit

Step One

- List your reasons to quit and read them several times a day.
- Wrap your cigarette pack with paper and rubber bands. Each time you smoke, write down the time of day, how you feel, and how important that cigarette is to you on a scale of 1 to 5.
- Rewrap the pack.

Step Two

- Keep reading your list of reasons and add to it if you can.
- Don't carry matches, and keep your cigarettes out of easy reach.
- Each day, try to smoke fewer cigarettes.

Step Three

- Continue with Step Two. Set a target date to quit.
- Don't buy a new pack until you finish the one you're smoking.
- Change brands twice during the week, each time for a brand lower in tar and nicotine.
- Try to stop for 48 hours at one time.

Step Four

- Quit smoking completely. Throw out all cigarettes and matches. Hide lighters and ashtrays.
- Stay busy! Go to the movies, exercise, take long walks, go bike riding.
- Avoid situations and 'triggers' you relate with smoking.
- Find healthy substitutes for smoking. Carry sugarless gum or artificially sweetened mints. Munch carrots or celery sticks. Try doing crafts or other things with your hands.
- Do deep breathing exercises when you get the urge.

What if I smoke after I quit?

It's hard to stay a nonsmoker once you've had a cigarette, so do everything you can to avoid that 'one'. The urge to smoke will pass. The first 2 to 5 minutes will be the toughest.

If you do smoke after quitting:

- This doesn't mean you're a smoker again— do something now to get back on track.
- Don't punish or blame yourself—tell yourself you're still a nonsmoker.
- Think about why you smoked and decide what to do the next time it comes up.

What happens after I quit?

Your senses of smell and taste come back. The annoying 'smoker's cough' goes away. You breathe much easier. It's easier to climb stairs. You're free from the mess, smell and burns in clothing. You feel free of 'needing' cigarettes. You'll have less chance of heart disease, stroke, lung disease, and cancer.

Do you have questions or comments for your doctor or nurse?

Take a few minutes to write your own questions for the next time you see your healthcare provider.

How can I learn more?

Talk to your doctor, nurse or other healthcare professionals. If you have heart disease or have had a stroke, members of your family also may be at higher risk. It's very important for them to make changes now to lower their risk.

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JAMES, KENNETH WAYNE
 PRE ER Admit: 08/13/11
 11/25/58 M/52 L.ER
 MR# L000194299 KNOWLES, HEIDI C
 Acct# L00103392104


8. **PATIENT DIRECTORY PREFERENCE:** I have been informed that unless I object, my name, location within the facility and general condition will be included in the patient directory.
 I object to having my name, location and general condition listed in the patient directory.

9. **ELECTION TO REQUEST INTERPRETIVE SERVICES:** In accordance with Sect. 60, of Title VI, the Hospital is committed to ensuring that all patients receive equal access to medical care. To achieve this goal, interpretive services may be utilized or requested at no cost to you.

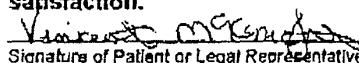
10. **PATIENT RIGHTS:** I have received a copy of the Patient Rights. I understand these rights and if I have further questions, I will ask the nursing staff.

11. **SMOKE FREE FACILITY POLICY:** The Hospital is a smoke free facility. I understand that while I am a patient at the Hospital I may not use tobacco products.

12. **CONSENT TO PHOTOGRAPH:** Photography still and/or video may be deemed medically necessary by your physician before, during, or after a procedure. This is to provide documentation and will be kept as a part of your medical record.
 I refuse to be photographed and/or videoed

13. **ADVANCE DIRECTIVE ACKNOWLEDGMENT:** I understand that I am not required to have an Advance Directive in order to receive medical treatment at this health care facility. I understand that the terms of my Advance Directive that I have executed will be followed by the health care facility and my caregivers to the extent permitted by law.
 I have executed an Advance Directive, if applicable
 I have not executed an Advance Directive
 I would like to formulate an Advance Directive / Receive additional information

I have read and fully understand this Patient Consent and Financial Agreement and been given the opportunity to ask questions. I acknowledge that I either have no questions or that my questions have been answered to my satisfaction.

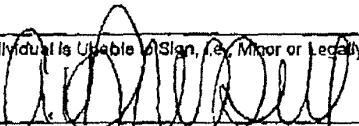

 Signature of Patient or Legal Representative for Health Care Hospital Services if Other Than Patient

8/13/11 04:15

Date and Time

Relationship to Patient

Reason Individual is Unable to Sign, i.e. Minor or Legally Incompetent


 Signature of Witness

Date and Time

8/13/11

Date and Time

Palestine Regional Medical Center
 Consent for Services
 Page 2 of 2
 PR1001A/041411

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INITIAL ASSESSMENT FORM**Palestine Regional Medical Center**

PRIORITY: 1

Patient: JAMES, KENNETH W

Pt#: L00103392104

ESI - 1

DOB: 11/25/1958 AGE: 52YRS Sex: M

MR#: L000194299

DATE: 08/13/2011

EDP: KNOWLES, HEIDI

Worker's Comp:
Emp. Referred:

PCP: NO LOCAL DOCTOR

Presentation Time: 03:52

Triage Time: 03:52

Arrival Mode: EMS-PRMC

Height: 6 ' 0 Weight: 240 lbs. 0 oz. 109.09 kgs. LMP:NA

Last Tetanus: unknown

Acc By: 3 TDCJ OFFICER

Chief Complaint: CARDIAC ARREST

Vital Signs

Brief Assessment: PT. BROUGHT FROM TDCJ GURNEY UNIT D/T CARDIAC ARREST

T: T
P: Regular
R: Unlabored
BP: 000/000
O2: % RA

NIGHT SWEATS

UNK

HEMOPTYSIS

UNK

Pain Intensity Scale: / 10
Pain Location:

WEIGHT LOSS

UNK

FEVER

UNK

ANOREXIA

UNK

MAMMOGRAM HISTORY

UNK

SMOKER

UNK

CPR IN PROGRESS

YES

DOWN > 10 MINUTES

UNK

Sudden Onset:

Pre-Hospital Treatment: SEE PRMC EMS RUN SHEET

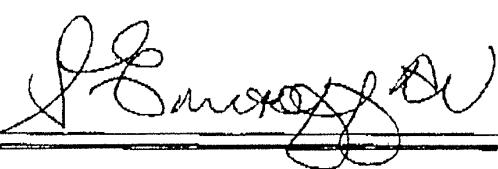
Pediatric Assessment:

N/A

Past Medical History:

Allergies: UNKNOWN

Medicines: UNKNOWN

Nurse Signature: 

SXE

Additional Notes:

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EMERGENCY DEPARTMENT
FALL / ENTRAPMENT RISK ASSESSMENT

Date In: 8/13/2011

Palestine Regional Medical Center

Name: JAMES, KENNETH W PI#: L00103392104
 Age: 52YRS DOB: 11/26/1958 Sex: M MR#: L000194299
 EDMD: KNOWLES, HEIDI PMD: NO LOCAL DOCTOR

FALL / ENTRAPMENT RISK

Score less than 10 = low risk

Score greater than 10 - high risk for fall (follow hospital protocol)

	Score	0	1	2	3	4	5	Other
Age	<input type="radio"/>	Less than 60	80 or over	60 - 69	70 - 79			
Mental Status	<input type="radio"/>	Oriented or Comatose		Confused 100% of the time	Unable to follow directions	Nighttime or intermittent confusion		
Elimination	<input type="radio"/>	Continent Independent	Continent		Requires assistance		Incontinent	
Impairments	<input type="radio"/>	None known		Vision/glasses or hearing/hearing aid	Confined to bed or chair	Blind or deaf		
BP	<input type="radio"/>	Within normal limits	Systolic BP consistently less than 90	Dizziness with position changes				
Gait / Mobility	<input type="radio"/>		(1 pt each item) Uses cane/walker Holds furniture Balance problems					History of recent falls (2 or more in past 6 months) = 7 points
Current Medications	<input type="radio"/>		(1 pt each med) sedatives Narcotics Diuretics Antihypertensives Benzodiazepines Post-anesthesia Psychotropics Laxatives Cathartics					
Predisposition Conditions	<input type="radio"/>		(1 pt each item) CVA, Hypertension, Dehydration, Seizures, Arthritis, Parkinson's Disease, Loss of limbs, Post-op 1st 3 days					
Total	<input checked="" type="radio"/>							

Circle each item that applies. Document points in score column. Total at bottom of page.

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**EMERGENCY DEPARTMENT
CHEST PAIN NURSING ASSESSMENT**

Date In: 8/13/2011

Time: 0352

Palestine Regional Medical CenterName: JAMES, KENNETH W PI#: L00103392104
Age: 52YRS DOB: 11/25/1958 Sex: M MR#: L000194299
EDP: KNOWLES, HEIDI PCP: NO LOCAL DOCTOR**Subjective Notes:**

Code Blue, Temp 108 at triage

Pain: Patient denies pain Patient denies pain Patient denies pain Patient denies pain Patient denies painLocation: Quality: Sharp Dull Cramping Burning Aching Severity Scale: _____ Onset: _____Provocation: Other: _____ Aggravating Factors: _____Radiating: No Yes (see below) Constant Intermittent Relieving Factors: _____

Psychosocial: _____

Appearance: Clean Unkempt Other _____ Environment: No steps Few steps Many stepsMood / Affect / Behavior: Appropriate Depressed Anxious Nutritional status: Normal Cachetic Obese Tearful Other _____ Religious / Cultural preference: None (specify) _____Caregiver: Self Family member Significant Other Group home Best learn by: Verbal Written Return demoActivity level: Ambulates Independently Requires assistance Non-ambulatory Learning Barriers: TDD phone Interpreter No Yes Performs ADL's independently Requires assistance with ADL's Other: _____

Symptom history (onset, duration, associated symptoms, aggravating factors): _____

Mode of Onset: Sudden Gradual Intermittent Onset Date: 8-13-11 Time: 108 Onset Duration: _____Onset > 24 hrs. medical attention was sought? No Yes Date: _____

Status at onset Radiation Quality Ref Ref Measures Yes No

 Rest Substernal Back Pressure / Heavy Indigestion Rest Exertion Epigastric DUE Burning Indescribable Food Awakened from sleep Left Chest RUE Sharp / Stabbing Ache NTG SL Right Chest Shoulder Constant Crushing Neck / Jaw Intermittent Associated signs and symptoms: Dyspnea Nausea Syncope Palpitations Yes No Diaphoresis Vomiting Near Syncope Extreme fatigue Chest discomfort with: Deep breathing Changes in position Palpation Exercise / Activity

Past Medical History (Risk factors): _____

PMH from triage: UNKNOWN

 High Cholesterol Diabetes Pacemaker Procedures: Date Peripheral Vascular Disease Angina Family History Heart cath Previous Cardiac Arrest HTN Smoker: PPD Yrs Stress Test MI Date: COPD Other Angioplasty CABG Other

Physical Assessment (Objective): _____

Heart Sound: WNL Click / Rub Asystole Palpation: Systole Abdomen: Soft Distended Murmur Rub Firm Non-Tender Muffled Other: Rigid TenderCap Refill: < 2 sec. (Normal) > 2 sec. (Delayed) Rebound TendernessEdema: No Yes Location: Other: Degree: 1+ 2+ 3+ Cardiac Rhythm: NSR Sinus Bradycardia Sinus Tachycardia SVT Other: Apical Pulse: SpO2: 102% Room Air ETT

System Review: _____

Neurological: Alert Uncooperative Cardiovacular: Skin: Warm Dry Moist Diaphoretic Respiratory: Airway: Clear Other: Entubated Oriented X Combative Color: Pink Pale Ashen Flushed Effort: Unlabored Mildly Severely Cooperative Agitated Cyanotic Jaundiced Retractions Stridor Nasal Flaring Awake but confused Restrained Lung: Clear Wheezing Crackles Phonchi DecreasedVital Signs: 03:52 T: P: Regular R: BP: 000/000 Nurse Signature: *McGinnis RN*

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EMERGENCY DEPARTMENT
ONGOING NURSING ASSESSMENT

Date: 8/13/2011

Name: AMES, KENNETH W.

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Age: 52 yrs DOB: 11/25/1958

Sec. M. 144-EDD103392
MAIL 622121202

RECORDED BY: BOB, 7/12

Sex: M MR#: L000192

NURSING DIAGNOSIS (Number) (order of priority) Each patient must have at least one selected		NURKOVES, REID PCP: NO LOCAL DOCTOR	
Airway Clearance, Ineffective	Communication Impaired	Infection, Potential	Self Care Deficit
Anxiety	Coping, Ineffective	Injury, Potential	Skin Integrity Impairment
Breathing Patterns, Ineffective	Fluid Volume, Alteration in	Knowledge Deficit	Thought Processes, Impaired
Cardiac Output, Decreased	Gas Exchange, Impaired	Mobility Impaired	Thought Processes, Alteration in
Comfort, Alteration in	Hyperthermia (Fever)	Non-Compliance	Tissue Perfusion, Alteration in
Other _____	_____	Other _____	_____

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50 Palestine Regional Medical Center
EMERGENCY PHYSICIAN RECORD
♦ Cardiopulmonary Resuscitation ♦

TIME SEEN: on arrival ROOM: EMS Arrival

HISTORIAN: patient spouse paramedics

HX / EXAM LIMITED BY: TRANSFER FROM: see transfer record**HPI**

Initial complaint(s): collapsed found unresponsive
 chest pain dyspnea abdominal pain back pain

Witnessed arrest? no / yes

Bystander CPR? no / yes CPR

Down-time before ACLS: minutes unknown

Initial findings: by paramedics

monitor	respirations	pulse
unresponsive	no respirations	none
rhythm ST thin	agonal respirations	weak
asystole 0391	HR	Glucose mg/dl
vent. fibrillation	BP	D-stick glucometer ISTAT
PEA brady / tachy		by paramedics / in ED

pre-hospital treatment:

oxygen	CPB / shumper	epinephrine mg
bag-valve- mask	defibrillated x	vasopressin mg
intubated	IV access, I/O	atropine mg
	IV fluids	amlodrone mg
		sodium bicarb amps
		lidocaine mg

ROS

CONST

recent illness / fever *1 pt intubated PTA*
fever / chills

EYES / ENT

problems with vision
sore throat

CVS / RESP

chest pain
shortness of breath

cough

LN/MR preg post menop all other systems identified;
reviewed, and found neg

* see HPI for additional / associated signs and symptoms

PAST HX

Agree w/ triage nurse's note for PESh / ROS *Unknown*
 cardiac disease AMI CHF A-Fib diabetes Type 1 Type 2
 CVA / TIA deficit diet / oral / insulin

hypertension

old records ordered / summary:

Medications: none *see nurses note*
aspirin coumadin clopidogrelAllergies: NKDA
*see nurses note*SOCIAL HX: smoker *Unknown*
alcohol (recent / heavy / occasional)drugs
occupation *PTC* *Int'l*

FAMILY HX: negative

JAMES, KENNETH WAYNE
 PRE ER Admit: 08/13/11
 11/25/68 M/52 L, ER
 MR# L000194299 KNICKLES, HEIDI C
 Acct# L00103392104

 Vitals Reviewed**INITIAL PHYSICAL EXAM**

See reverse for initial rhythm and interventions

GENERAL no evidence of trauma**RESPIRATORY**

breath sounds	no spontaneous respirations
equal bilaterally	bag-valve-mask
lungs clear	ET tube / bag-valve

agonal respirations

decreased air movement

wheezes / rales / rhonchi

CVS

spontaneous	no spontaneous pulse
pulse present	chest compressions

pulse w/ CPR	none poor (good)
--------------	------------------

heart sounds absent

regularly irregular rhythm

extrastoles (occasional / frequent)

JVD present

murmur grade /6 sys / dia

gallop (S3 / S4)

ABDOMEN

soft	distention
no mass	hepatomegaly / splenomegaly

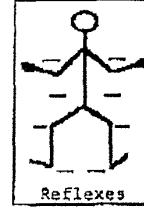
mass	midline incision scar
	guarding

HEAD / NECK

<input checked="" type="checkbox"/> atraumatic	head trauma
<input checked="" type="checkbox"/> pharynx clear	c-spine tenderness

NEURO

pupils reactive

**EXTREMITIES** no signs of trauma**SKIN**

no rash

rigidity *PTL* *in place*
 pedal edema (R / L)

pallor *warm*
 cyanosis
 dependent lividity
 decubitus

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INITIAL EKG MONITOR RHYTHM

<u>systole</u>	wide complex	sinus rhythm
Ventricular fibrillation	narrow complex	atrial fibrillation
Ventricular tachycardia	tachycardia	heart block 1 st 2 nd 3 rd
bradycardia		
rate=		

PROCEDURES & INTERVENTIONS

<input checked="" type="checkbox"/> CPR	respiratory arrest by paramedic witness
	CPR placed immediately then by me
<input checked="" type="checkbox"/> intubated by ED physician	curved straight blade nasal/oral
	with #7.5 ET tube (curved) straight blade nasal/oral
<input checked="" type="checkbox"/> Pre-medications	
	ATL atropine succinylcholine vecuronium
<input checked="" type="checkbox"/> Post-intubation	Breath sounds
	equal R greater than L L greater than R
<input checked="" type="checkbox"/> Pulse Ox	End-tidal CO ₂ detector/Peep A
<input checked="" type="checkbox"/> central line placed - sterile technique betadine prep CT thorax	
	(right/left internal jugular subclavian femoral)
<input checked="" type="checkbox"/> pacemaker external/transvenous	
<input checked="" type="checkbox"/> defibrillated	
<input checked="" type="checkbox"/> Foley catheter	

LABS, EKG & XRAYS

CBC	Chemistries	UA
normal except	normal except	normal except
WBC	Na	WBC
Hgt	K	RBC
Hct	CO ₂	Troponin
Platelets	Gluc	PT/PTT
segs	BUN	INR
bands	Creat	

ABGs

time	RA / LO ₂	pH	pCO ₂	pO ₂
time	RA / LO ₂	pH	pCO ₂	pO ₂

RHYTHM STRIP NSR Rate

INITIAL ED EKG

NML	<input type="checkbox"/> Interp. by me	<input type="checkbox"/> Reviewed by me	Rate
NSR	rrrr intervals	rrrr axis	rrrr QRS

CXR	<input type="checkbox"/> Interp. by me	<input type="checkbox"/> Reviewed by me	<input type="checkbox"/> Discard w/ radiologist
rrrr / NAD	rrrr infiltrates	rrrr heart size	rrrr mediastinum

PROGRESS

Also see CPR Flow Sheet

Time	0900	unchanged	improved	re-examined
	circle duration			

CPR discontinued, patient pronounced dead at

♦AMI - EKG / ASA / B-Blocker / Thrombolytics / PCI / transfer

Dx delayed due to atypical presentation

Discussed with Dr. [redacted] Additional history from: [redacted]
 [redacted] will see patient in ED / hospital / office family caretaker paramedics
 Counseled patient / family regarding: Rx given
 lab / rad results diagnosis need for follow-up admission orders written
 CRIT CARE TIME (excluding separately billable procedures) min

CLINICAL IMPRESSION

Cardiopulmonary Resuscitation	Pulmonary Edema
Successful (unsuccessful)	Pulseless Electrical Activity
Aystole	Respiratory Failure
Cardiac Rhythm Disturbance	Sudden Death
V. Tach V. Fib A. Fib SVT	
* Myocardial Infarction - acute	hyperthermia

DISPOSITION- Admitted POA decubitus / UTI (foley)
 Medical Examiner morgue transfer
 CONDITION- unchanged Improved stable
 critical serious deceased

Care transferred to Dr. [redacted] Time: [redacted]

PHYSICIAN SIGNATURE: [redacted]
 Template Complete See Addendum (Dictated / Template # [redacted])
 Quality Measure Initiative

CARDIOPULMONARY RESUSCITATION RECORD															
<p>Date <u>8/13/11</u> Time Event Recd <u>0341</u> Location <u>Ambulance</u> Age <u>52</u> Weight <u>Length</u></p> <p>Was Hospital-Wide Resuscitation Response Activated? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Condition when Need for Chest Compression / Defibrillation was Identified? <input type="checkbox"/> Pulse (poor perfusion) <input checked="" type="checkbox"/> Pulseless</p> <p>Witnessed: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Indicate all Monitors that were Present at Onset: <input checked="" type="checkbox"/> ECG <input checked="" type="checkbox"/> Pulse Ox <input checked="" type="checkbox"/> Apnea</p> <p>Patient Conscious at Onset: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Did the Patient with a Pulse Become Pulseless? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>															
AIRWAY / VENTILATION					CIRCULATION										
<p>At Onset: <input checked="" type="checkbox"/> Spontaneous <input type="checkbox"/> Apnea <input type="checkbox"/> Agonal <input type="checkbox"/> Assisted</p> <p>Types of Ventilation: <input type="checkbox"/> Mouth/Mouth <input type="checkbox"/> Mouth/Mask</p> <p><input checked="" type="checkbox"/> BVM <input type="checkbox"/> ETT <input type="checkbox"/> Tracheotomy <input type="checkbox"/> Other: <u>By whom: M. Nielsen</u></p> <p>Time of First Assisted Ventilation: <u>0341 See Run Sheet</u></p> <p>ETT Intubation: Time <u>0335</u> Size <u>7.5m</u></p> <p>Secondary Confirmation: <input checked="" type="checkbox"/> Auscultation <input checked="" type="checkbox"/> Ex. CO₂</p> <p><input type="checkbox"/> Other:</p>					<p>First Documented Rhythm: <u>PTA</u></p> <p>Time Chest Compressions Were Started: <u>PTA</u></p> <p>First Documented Pulseless Rhythm: <u>PTA</u></p> <p>Patient Defibrillated: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If Yes, Time of First Shock: <u>PTA</u></p> <p>AED Applied <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>AED Shock <input type="checkbox"/> Advised <input type="checkbox"/> Delivered <input type="checkbox"/> 1st Shock</p> <p>Pacemaker On <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>										
BOLUS DOSE / ROUTE INFUSIONS DOSE / cc PER HOUR															
TIME	RESP. SPONTANEOUS/ ASSISTED	PULSE SPONTANEOUS/ COMPRESSIONS	BP	RHYTHM	DEFIB / CARDIO JOULES	AMIODARONE DOSE / IV & IO	ATROPHINE DOSE / ROUTE	EPINEPHRINE DOSE / ROUTE	LIODINE DOSE / ROUTE	VASOPRESSIN DOSE / IV or IO	DOPAMINE	DOBUTAMINE	EPINEPHRINE	NOREPINEPHRINE	COMMENTS: (Ex.: Peripheral / Central Line Placement, IO, Chest Tube, Vital Signs, Response to Interventions)
0353	A	C						Tamp							CPR in progress
0355	A	C						Tamp							Key to 0353 ETT in place - R
0356	A	C						Tamp							NS stat temp R
0357	A	C						Tamp		Tamp					Central line to RGA in place
0400	A	C						Tamp							FSNS 2165 - R
0401	A	C						Tamp							PT intubated - R
0404	A	C						Tamp							CPR cont. - R
0405	A	C													75m ETT 0405 tip = calc A - R
0407	A	C						Tamp		Tamp					PT extubated - R
0408	A	C						Tamp		Tamp					CPR cont. - R
0409	A	C						Tamp							75m ETT 0409 tip = calc A - R
0410	A	C						Tamp							100% O2 via ETT - R
RECORDERS SIGNATURE & ID										PHYSICIAN'S PRINTED NAME					
ICU / CODE TEAM NURSE'S SIGNATURE										PHYSICIAN'S SIGNATURE					

JAMES, KENNETH WAYNE
REG ER Admit: 08/13/11
11/25/58 M/52 LER
MR# L000194299 KNOWLES, HEIDI C
Acct# L00103392104

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PLAY WITH THEM

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CARDIOPULMONARY RESUSCITATION RECORD

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ORDER PROCEDURE FORM
CARDIOVASCULAR EMERGENCIES

Date In: 8/13/2011

Palestine Regional Medical Center

Name: JAMES, KENNETH W PI#: L00103392104
Age: 52YRS DOB: 11/25/1958 Sex: M MR#: L000194299
EDP: KNOWLES, HEIDI PCP: NO LOCAL DOCTOR

McGillivray MSS. 2-3164

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EMERGENCY DEPARTMENT
MEDICATION ADMINISTRATION RECORD

Palestine Regional Medical Center

Date In: 8/13/2011

Name: JAMES, KENNETH W Pt#: L00103392104
 Age: 52YRS DOB: 11/25/1958 Sex: M MR#: L000194299
 EDP: KNOWLES, HEIDI PCP: NO LOCAL DOCTOR

Allergies: UNKNOWN

INFUSION & INJECTION INTERVENTION							
Site	Locator	Gauge	Attempts	Initials	Complications / Confiments	Date / Time	
A	B 25	16	1	MC	D	8-13-11	
B	B 125 I 0	16	2	MC	D		
INFUSION & INJECTION INTERVENTION							
IV #1: Solution	NS	Flow Rate	Bolus	Hydration	Initial	Sequential	Concurrent
Start	PTA	Stop	1/2	Ongoing	Site: A B Rate chg/Time	Rate chg/Time	Nurse
IV #2: Solution	NS	Flow Rate	Bolus	Hydration	Initial	Sequential	Concurrent
Start	0355	Stop	0416	Ongoing	Site: A B Rate chg/Time	Rate chg/Time	Nurse
IV #3: Solution		Flow Rate		Hydration	Initial	Sequential	Concurrent
Start		Stop		Ongoing	Site: A B Rate chg/Time	Rate chg/Time	Nurse
IV #4: Solution		Flow Rate		Hydration	Initial	Sequential	Concurrent
Start		Stop		Ongoing	Site: A B Rate chg/Time	Rate chg/Time	Nurse
INJECTION & INTRAMUSCULAR							
Medication	EPI	Improved	Worse	Unchanged	Site B Dose Time 0353 IM SUBQ IV Push	Nurse	
Medication	EPI	Improved	Worse	Unchanged	Site B Dose Time 0356 IM SUBQ IV Push	Nurse	
Medication	EPI	Improved	Worse	Unchanged	Site A Dose Time 0359 IM SUBQ IV Push	Nurse	
Medication	Sodium Bicarb	Improved	Worse	Unchanged	Site A Dose Time 0359 IM SUBQ IV Push	Nurse	
Medication	EPI	Improved	Worse	Unchanged	Site A Dose Time 0401 IM SUBQ IV Push	Nurse	
VACCINATIONS							
Influenza (Site)		SUBQ/IM Lot#		Time	VIS Version Given:	Nurse	
Pneumovax (Site)		SUBQ/IM Lot#		Time	VIS Version Given:	Nurse	
Hepatitis (Site)		SUBQ/IM Lot#		Time	VIS Version Given:	Nurse	
Other (Toxoid Name)		SUBQ/IM Lot#		Time	VIS Version Given:	Nurse	
Did the patient have a reaction? (circle one) YES / NO If YES, describe in detail							
OTHER MEDICATIONS (ORAL, RECTAL, TOPICAL OR INHALATION MEDICATIONS)							
Medication	Improved	Worse	Unchanged	R	PO SL INHAL TOPICAL Time given	Nurse	
Medication	Improved	Worse	Unchanged	R	PO SL INHAL TOPICAL Time given	Nurse	
Medication	Improved	Worse	Unchanged	R	PO SL INHAL TOPICAL Time given	Nurse	
Medication	Improved	Worse	Unchanged	R	PO SL INHAL TOPICAL Time given	Nurse	
Medication	Improved	Worse	Unchanged	R	PO SL INHAL TOPICAL Time given	Nurse	
RESPIRATORY INTERVENTIONS BY NURSING PERSONNEL							
Aerosol Medications	-	Time given		Patient Response		Nurse	
Was the patient, or family member in the event of a minor, educated on the use of aerosol treatment (circle one) YES / NO Nurse							
<i>MC/KH/ln</i>				8-13-11			
Nursing #1 Signature	Date / Time	Nursing #2 Signature			Date / Time		

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EMERGENCY DEPARTMENT
MEDICATION ADMINISTRATION RECORD**Palestine Regional Medical Center**

Date in: 8/13/2011

Name: JAMES, KENNETH W Pt#: L00103392104
Age: 52YRS DOB: 11/25/1958 Sex: M MR#: L000194299
EDP: KNOWLES, HEIDI PCP: NO LOCAL DOCTOR

Allergies: UNKNOWN

INFUSION/INJECTION INTERVENTION						
Site	Location	Gauge	Attempts	Initials	Complications / Comments	Date / Time
A	(P) ES	16	1	mc	0	8-13-11
B	(P) ES	16	9	mc		
IV INFUSION/ADMINISTRATION						
IV #1: Solution	Flow Rate	Hydration	Initial	Sequential	Concurrent	
Start _____ Stop _____ Ongoing _____	Site: A B Rate chg/Time _____	Rate chg/Time _____			Nurse _____	
IV #2: Solution	Flow Rate	Hydration	Initial	Sequential	Concurrent	
Start _____ Stop _____ Ongoing _____	Site: A B Rate chg/Time _____	Rate chg/Time _____			Nurse _____	
IV #3: Solution	Flow Rate	Hydration	Initial	Sequential	Concurrent	
Start _____ Stop _____ Ongoing _____	Site: A B Rate chg/Time _____	Rate chg/Time _____			Nurse _____	
IV #4: Solution	Flow Rate	Hydration	Initial	Sequential	Concurrent	
Start _____ Stop _____ Ongoing _____	Site: A B Rate chg/Time _____	Rate chg/Time _____			Nurse _____	
INJECTION/ADMINISTRATION						
Medication EPT	Improved	Worse	Unchanged	Site A Dose _____ Time 0409	IM SUBQ IV Push	Nurse MC
Medication EPI	Improved	Worse	Unchanged	Site A Dose _____ Time 0407	IM SUBQ IV Push	Nurse MC
Medication Sodium Bicarb	Improved	Worse	Unchanged	Site A Dose _____ Time 0418	IM SUBQ IV Push	Nurse MC
Medication EPI	Improved	Worse	Unchanged	Site A Dose _____ Time 0410	IM SUBQ IV Push	Nurse MC
Medication EPI	Improved	Worse	Unchanged	Site A Dose _____ Time 0413	IM SUBQ IV Push	Nurse MC
VACCINATIONS						
Influenza (Site)	SUBQ/IM Lot#	Time	VIS Version Given:	Nurse		
Pneumovax (Site)	SUBQ/IM Lot#	Time	VIS Version Given:	Nurse		
Hepatitis (Site)	SUBQ/IM Lot#	Time	VIS Version Given:	Nurse		
Other (Toxoid Name)	SUBQ/IM Lot#	Time	VIS Version Given:	Nurse		
Did the patient have a reaction? (circle one) YES / NO If YES, describe in detail _____						
TOPICAL/RECTAL/TOPICAL OR INHALATION MEDICATIONS						
Medication	Improved	Worse	Unchanged	R PO SL INHAL	TOPICAL/Time given	Nurse
Medication	Improved	Worse	Unchanged	R PO SL INHAL	TOPICAL/Time given	Nurse
Medication	Improved	Worse	Unchanged	R PO SL INHAL	TOPICAL/Time given	Nurse
Medication	Improved	Worse	Unchanged	R PO SL INHAL	TOPICAL/Time given	Nurse
Medication	Improved	Worse	Unchanged	R PO SL INHAL	TOPICAL/Time given	Nurse
RESPIRATORY INTERVENTIONS BY NURSING PERSONNEL						
Aerosol Medications	Time given	Patient Response	Nurse			
Was the patient, or family member in the event of a minor, educated on the use of aerosol treatment? (circle one) YES / NO Nurse _____						
<i>McIntosh RN 8-13-11</i>						
Nursing #1 Signature	Date / Time	Nursing #2 Signature			Date / Time	

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ORDER PROCEDURE FORM
ADDITIONAL MEDS AND IVS

Palestine Regional Medical Center

Name: **JAMES, KENNETH W** PI#: **L00103392104**
Age: **52YRS** DOB: **11/25/1958** Sex: **M** MR#: **L000194299**
EDP: **KNOWLES, HEIDI** PCP: **NO LOCAL DOCTOR**

Date In: 8/13/2011

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10/18/2006 18:47 9037312216

THREE CENTER

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Palestine Regional Medical Center
Release of Deceased
Organ/Tissue Donation

JAMES, KENNETH WAYNE
REG ER Admit: 08/13/11
11/25/58 M/52 L,ER
MR# L000194299 KNOWLES,HEIDI C
Acct# L00103392104

Section 1

All deaths are reported to South Transplant Alliance (STA) 1-800-391-0527.

Name/Title of person making referral: DR. Webb R

Title: DR Date: 8/13/11 Referral #: 238596

Name Of STA contact: April

Was the patient determined medically suitable for donation? YES NO

If no, why? D/T incarceration

This section MUST be complete before proceeding to the next section.

Section 2

If this patient was determined a suitable donor, was it for Organs or Tissues?

Name/Title of designated requestor:

Title: Date: Location:

Family: Accepted Or Declined

Legal Next of Kin:

Section 3

Date of Death: 8/13/11 Time: 0416 Pronounced by: DR. Knowles

Deceased: Did Did Not Unknown have an infectious disease.

Attending Physician: DR. Knowles

Section 4

Family/Guardian asked if they would like an autopsy performed? YES NO

Family request a autopsy? YES NO

Attending Physician request autopsy? YES NO

J.P. request autopsy? YES NO

Section 5

The undersigned, which represent that he/ she has the legal authority to do so, does hereby authorize and direct Palestine Regional Medical Center to release the remains of:

(Deceased) Kenneth James

(Funeral home) Carnes Funeral Home of Texas City Texas

Date: 8/13/11 Signature:

to the

Relation: C.P.

Section 6

Received the remains of Kenneth W. James on 8/13/11.

Released by: TMC (Lendenko)

Funeral Home: Carnes

Director: R. D. Agnew

Enclosed are Policy & Procedure Manual for Organ and Tissue Donation

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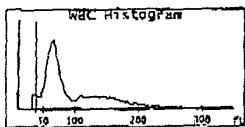
PRMC HIM

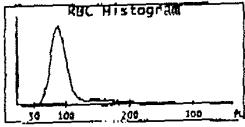
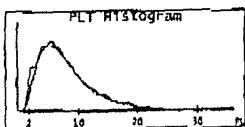
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Palestine Regional Med. Center 2900 S. Loop 256 Palestine, TX 75801
Johnny L. Haley Software 2D1 D:[2211] (903)731-1140

First Name: James S Location: Gender:
 Last Name: Physician: ,
 Patient ID: Kenneth Age: Date of Birth:
 User Field 1: User Field 2: Drawn Date:
 Seq #: User Field 3:

Date: 8/13/2011 Sample ID: ----- Cass / Pos: 000201 Operator ID: BAK
 Time: 3:57:06 Sample Type: CD A No Read Listname: 37N8D108 Instrument: AK09152

			Suspect	Definitive
WBC	8.1	$10^3/\mu\text{L}$		Imm. NE 1
NE %	40.9	L x		
LY %	54.6	H x		
MO %	3.7	L x		
EO %	0.4	L x		
BA %	0.4	x		
NRBC %	0.0	x		
NE #	3.3	$10^3/\mu\text{L}$		
LY #	4.4	$10^3/\mu\text{L}$		
MO #	0.3	$10^3/\mu\text{L}$		
EO #	0.0	$10^3/\mu\text{L}$		
BA #	0.0	$10^3/\mu\text{L}$		
NRBC #	0.0	$10^3/\mu\text{L}$		

RBC	5.11	$10^6/\mu\text{L}$		
HGB	14.9	g/dL		
HCT	45.2	x		
MCV	88.5	fL		
MCH	29.2	pg		
MCHC	33.0	g/dL		
RDW	14.0	x		
PLT	94	L $10^3/\mu\text{L}$		Platelet Clumps
MPV	8.9	fL		

RET %
 RET #
 IRF
 MRV

Comments:

End of Completed Report

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CODE SUMMARY		TIME	CODE	DRUG
Cardiac event record		03:20:00	WHR	40:00:00
PWRC	13:45:00	13:45:00	REG. STAB. 100%	40:00:00
PRATE	100	100	MONITOR MODE	40:00:00
ST	100	100	INTRAVENOUS	40:00:00
DETERMINES			WITNESSES	40:00:00
100% PULSE	03:20:00	03:20:00	PEM	40:00:00
100% PULSE	03:20:20	03:20:20	PEM	40:00:00
			VITAL SIGNS	40:00:00
		03:59:55	VITAL SIGNS	04:00:53

P ► P: REG IRREG
 PR INT: CONSTANT VARI R ► R: REG IRREG
 ATRIAL RATE: VENT. RATE: QT INT: INTERPRETATION: _____
 ACTION TAKEN: SIGNATURE: DATE: _____

TYPE	EVENT	HR	TIME	EVENT	HR
PRINTER	PRINTER	100	03:20:00	PRINTER	100
PRINTER	PRINTER	100	03:20:20	PRINTER	100
PRINTER	PRINTER	100	03:59:55	PRINTER	100
VITAL SIGNS	59	100	03:20:00	VITAL SIGNS	59
PERIOD		100	03:20:00	PERIOD	100
PERIOD		100	03:20:20	PERIOD	100
PERIOD		100	03:59:55	PERIOD	100
PRINTER	PRINTER	100	03:20:00	PRINTER	100
PRINTER	PRINTER	100	03:20:20	PRINTER	100
PRINTER	PRINTER	100	03:59:55	PRINTER	100

PRINTER NO. 40457A / 40457B

P ► P: REG IRREG
 PR INT: CONSTANT VARI R ► R: REG IRREG
 ATRIAL RATE: VENT. RATE: QT INT: INTERPRETATION: _____
 ACTION TAKEN: SIGNATURE: DATE: _____

TYPE	EVENT	HR	TIME	EVENT	HR
VITAL SIGNS	VITAL SIGNS	59	03:20:00	VITAL SIGNS	59
PERIOD	PERIOD	100	03:20:00	PERIOD	100
PERIOD	PERIOD	100	03:20:20	PERIOD	100
PERIOD	PERIOD	100	03:59:55	PERIOD	100
VITAL SIGNS	VITAL SIGNS	59	03:20:00	VITAL SIGNS	59
PERIOD	PERIOD	100	03:20:20	PERIOD	100
PERIOD	PERIOD	100	03:59:55	PERIOD	100

PRINTER NO. 40457A / 40457B

P ► P: REG IRREG
 PR INT: CONSTANT VARI R ► R: REG IRREG
 ATRIAL RATE: VENT. RATE: QT INT: INTERPRETATION: _____
 ACTION TAKEN: SIGNATURE: DATE: _____

REMARKS: _____

JAMES, KENNETH WAYNE
 REG ER Admit: 08/13/11
 11/25/58 M/52 L.E.R.
 MR# L000194299 KNOWLES, HEIDI C
 Acct# L00103392104

MSA/ICU 1310/0

JAMES, KENNETH WAYNE
REG-ER Admit: 08/13/11
11/25/58 M/52 L.ER
MR# L000194299 KNOWLES, HEIDI C
Acct# L00103392104

RHYTHM STRIP RECORD

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HCA ICU-1220/g

JAMES, KENNETH WAYNE
REG ER Admit: 08/13/11
11/25/58 M/52 L.ER
MR# L000134299 KNOWLES, HEIDI C
Acct# L00103392104

McCollum Samples 2-3186

08/15/2011 08:01 9037311183

PRMC HIM

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JAMES, KENNETH WAYNE
REG ER Admit: 08/13/11
11/25/58 M/52 L.ER
MR# L000194299 KNOWLES, HE101 C
Acct# L00103392104

RHYTHM STRIP RECORD

08/15/2011 08:01 9037311183

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HCA (CU-1220/5)

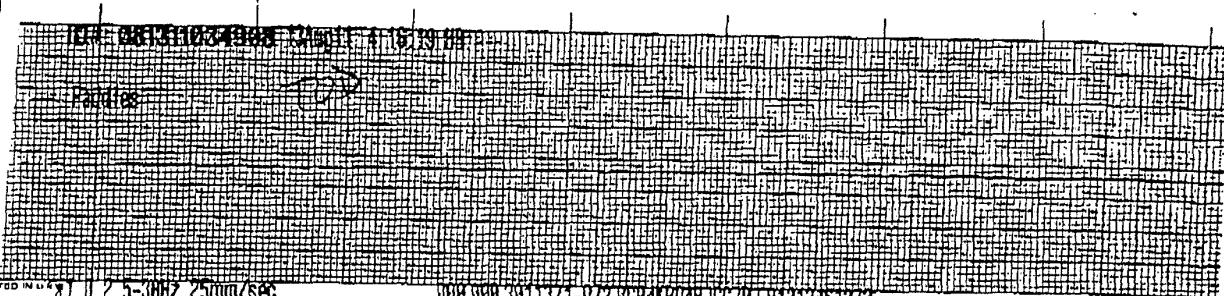
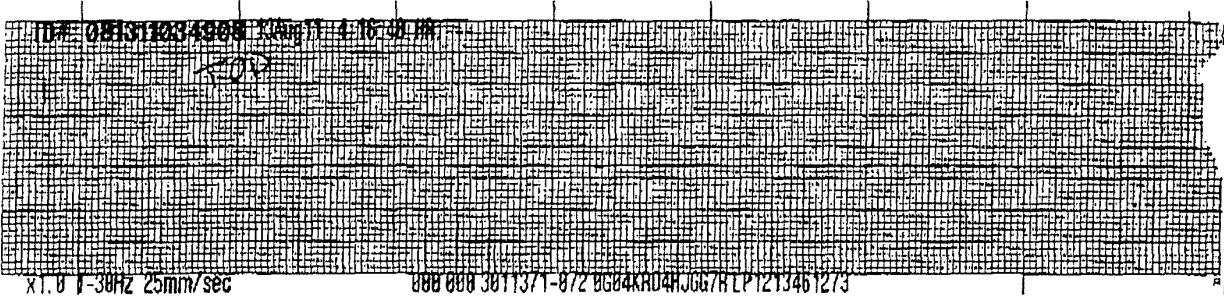
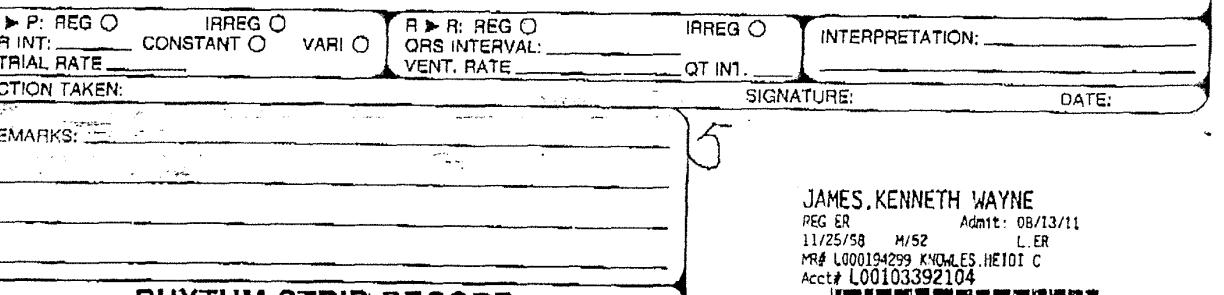
JAMES, KENNETH WAYNE
REG ER Admit: 08/13/11
11/25/58 M/52 L.ER
MR# L000194299 KHOMLÉS, HEIDI C
Acct# L00103392104

RHYTHM STRIP RECORD

08/15/2011 08:01 9037311183

PRMC HIM

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P ▶ P: REG <input type="radio"/> IRREG <input type="radio"/> PR INT: <u> </u> CONSTANT <input type="radio"/> VARI <input type="radio"/> ATRIAL RATE <u> </u>		R ▶ R: REG <input type="radio"/> IRREG <input type="radio"/> QRS INTERVAL: <u> </u> VENT. RATE <u> </u>	
ACTION TAKEN:		INTERPRETATION:	
		SIGNATURE: DATE:	
			
P ▶ P: REG <input type="radio"/> IRREG <input type="radio"/> PR INT: <u> </u> CONSTANT <input type="radio"/> VARI <input type="radio"/> ATRIAL RATE <u> </u>		R ▶ R: REG <input type="radio"/> IRREG <input type="radio"/> QRS INTERVAL: <u> </u> VENT. RATE <u> </u>	
ACTION TAKEN:		INTERPRETATION:	
		SIGNATURE: DATE:	
			
P ▶ P: REG <input type="radio"/> IRREG <input type="radio"/> PR INT: <u> </u> CONSTANT <input type="radio"/> VARI <input type="radio"/> ATRIAL RATE <u> </u>		R ▶ R: REG <input type="radio"/> IRREG <input type="radio"/> QRS INTERVAL: <u> </u> VENT. RATE <u> </u>	
ACTION TAKEN:		INTERPRETATION:	
		SIGNATURE: DATE:	
REMARKS: <u> </u> 5			
RHYTHM STRIP RECORD			

HCA ICU-1220/3

JAMES, KENNETH WAYNE
REG ER Admit: 08/13/11
11/25/58 M/52 LER
MR# L000194289 KNOWLES, HEIDI C
Acct# L00103392104

Miscellaneous Documentation

- Dorm Temperature Log (August 12, 2011)
- Dorm Temperature Log (August 13, 2011)
- Receiving/Releasing Tracking Form (Carnes Funeral Home)
- Count Sheet (August 13, 2011, Start: 00:01/End: 00:35)
- Offense Report for offender Tucker, Trenton #1606521 – August 13, 2011 (Case #20110356416)
- I-47MA *Disciplinary Report and Hearing Record* for Tucker, Trenton #1606521 – August 15, 2011 (Case #20110356416)
- Offense Report for offender Alaniz, Joel #1641001 – August 13, 2011 (Case #20110356422)
- I-47MA *Disciplinary Report and Hearing Record* for Alaniz, Joel #1641001 – August 15, 2011 (Case #20110356422)

Joe F. Gurney Unit Dorm Temperature Log

Date 8-12-11

Joe F. Gurney Unit
Dorm Temperature Log
Date 8-13-2011

DORM	TIME	TEMP									
A.1	0120	82.5	B.4	0512	76.0	C.7	0514	80.0	E.2	0707	81.0
A.2	0323	80.5	B.5	0330	91.5	C.8	0412	88.0	F.3	0410	90.5
A.3	0323	81.0	B.6	0330	92.0	C.9	0410	84.0	F.4	0410	91.0
A.4	0351	84.5	B.7	0358	91.5	D.2	0732	88.0	K.1	0435	89.0
A.5	0345	91.0	B.8	0358	92.0	D.3	0725	88.5	K.2	0455	89.0
A.6	0345	91.0	C.1	0738	89.5	D.4	0723	88.5	K.3	0455	93.0
A.7	0345	91.0	C.2	0738	89.5	D.5	0728	86.5	K.4	0504	91.0
A.8	0340	91.0	C.3	0737	89.0	E.2	0729	86.5	K.5	0454	91.0
B.1	0340	91.0	C.4	0737	89.0	E.3	0729	87.0	K.6	0452	91.0
B.2	0340	91.0	C.5	0723	88.0	E.4	0530	88.0	K.7	0451	81.0
B.3	0301	90.5	C.6	0714	84.0	E.5	0504	90.0	K.8	0451	88.5
SEP	0459	82.5									

Receiving / Releasing Tracking Form

Rack/Shelf

Deceased Name: KENNETH JAMESDate of Death: 8-13-11Referring Establishment: TDCJDate of Birth: 11-25-58Van # C Remains Cremains Property (list) _____ Location: _____Transported by (Company): CARNES Transported from: PALESTINE TX to: CSH Body Identified (Toe tag, arm/leg band, ID Tag, etc.)Delivered by: DICKIE SHERS Date: 8-13-11 Time: X Body Identified (Toe tag, arm/leg band, ID Tag, etc.)Received by: X Date: 8-13-11 Time: X Remains Cremains Property (list) _____ Location: _____ Body Identified (Toe tag, arm/leg band, ID Tag, etc.)

Transported by (Company): _____ Transported from: _____ to: _____

Received by: _____ Date: _____ Time: _____

 Body Identified (Toe tag, arm/leg band, ID Tag, etc.)

Released by: _____ Date: _____ Time: _____

 Remains Cremains Property (list) _____ Location: _____

Transported by (Company): _____ Transported from: _____ to: _____

 Body Identified (Toe tag, arm/leg band, ID Tag, etc.)

Received by: _____ Date: _____ Time: _____

 Body Identified (Toe tag, arm/leg band, ID Tag, etc.)

Released by: _____ Date: _____ Time: _____

 Remains Cremains Property (list) _____ Location: _____

Transported by (Company): _____ Transported from: _____ to: _____

 Body Identified (Toe tag, arm/leg band, ID Tag, etc.)

Received by: _____ Date: _____ Time: _____

 Body Identified (Toe tag, arm/leg band, ID Tag, etc.)

Released by: _____ Date: _____ Time: _____

	A1				A2				B1				B2				C1				C2				D				E				F				G				K				INT	
	A1	A2	A3	A4	A5	A6	A7	A8	B1	B2	B3	B4	B5	B6	B7	B8	C1	C2	C3	C4	C5	C6	C7	C8	D1	D2	D3	D4	E1	E2	E3	E4	F1	F2	F3	F4	Sep	K1	K2	K3	K4	K5	K6	K7	K8	Total
Dorm																																							0							
Back Gate																																							0							
Backslab																																							0							
Central																																							0							
Cleaning Crew																																							0							
Comms. Line																																							0							
Commissary																																							0							
Education																																							0							
Field Force																																							0							
Food Service																																							3							
G-Line																																							0							
Gym																																							0							
Infirmary																																							1							
Intake																																							0							
Law Library																																							0							
Maintenance																																							0							
Necessity																																							0							
Paint Crew																																							0							
Pill Line																																							0							
Rec. Yards																																							0							
Utility Supply																																							0							
Visitation																																							0							
Backgate Jan.																																							0							
Corr. m. Serv.																																							0							
Tractor Drivers																																							0							
Ad. Seg. Extra																																							0							
B1-Extras																																							0							
B2-Extras																																							0							
K-extras																																							2							
church workers																																							0							
Total Out	0	3	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	6					
Total In	54	50	53	53	48	50	49	43	52	54	52	48	54	53	54	54	53	54	53	53	54	53	51	54	54	54	53	50	50	50	50	53	52	54	52	41	6	22	19	9	22	22	22	21	2055	
Grand Total	54	53	53	53	48	50	49	43	53	54	52	48	54	53	54	54	53	53	54	53	54	53	51	54	54	54	53	50	50	50	50	53	52	54	52	41	6	22	19	9	22	22	22	21	2081	
Total Assigned	54	53	53	53	48	50	49	43	53	54	52	48	54	53	54	54	53	53	54	53	54	53	51	54	54	54	53	50	50	50	50	53	52	54	52	41	6	22	19	9	22	22	22	21	2081	
	A1	A2	A3	A4	A5	A6	A7	A8	B1	B2	B3	B4	B5	B6	B7	B8	C1	C2	C3	C4	C5	C6	C7	C8	D1	D2	D3	D4	E1	E2	E3	E4	F1	F2	F3	F4	Sep	K1	K2	K3	K4	K5	K6	K7	K8	Total

Time Start: 00:01

Signature: WHITFIELD

Date: 08/13/2011

Time End: 00:35

Title: LT.

*ND-001 (2/11)

Informal Resolution App?	<input type="checkbox"/>
Accusing Officer	Y <input checked="" type="checkbox"/>
Supervisor	Y <input checked="" type="checkbox"/>

TEXAS DEPARTMENT OF CRIMINAL JUSTICE

AUG 15 2011

20110356444

Interpreter Required?	Y <input checked="" type="checkbox"/>
MHMR Rest?	Y <input checked="" type="checkbox"/>
PHD	Y <input checked="" type="checkbox"/>

OFFENSE REPORT

(1) TDCJ-No: 1600521 (2) Offender: Tucker, Trenton (3) Unit: Gurney
 (4) Housing Assign: A1-02 (5) Job Assignment: Kitchen helper 3rd
 (6) Offense Level, Code Title: Level 2 Code 21.0 Fighting an offender without a weapon from serious injury.
 OFFENSE DESCRIPTION: On 8-13-11 at 5:15 AM (7) date time (8) time, and at Lt. office (9) Enter Specific Location

Offender Tucker, Trenton TDCJ No. 1600521

Did engage in a fight without a weapon with offender Alaniz 1641001 by hitting offender Alaniz in the face. Moreover The fight resulted in injuries to Alaniz that required treatment to first aid.

(10) Additional Information:

On the above date and time through investigation in Lt. office I officer Few witnessed both offenders Alaniz 1641001 and Tucker 1600521 admit to fighting on A1 in dayroom.

(Continue on an additional sheet if necessary)

(11) Witnesses: None(12) Accusing Officer/Employee: Printed Name/Rank Few C03(13) Signature: Few(14) Shift/Card 2A (15) Date 8-13-11 (16) Time 5:35 AM(17) Approving Supervisor's Printed Name: Tilly Flowers(18) Date 8-13-11(19) Grading Official (Print) J. Rayford(20) Rank ny(21) Date 8-15-11(22) Grade: (Circle One) IR UP MI MA (23) Justification to override Informal Resolution: _____

6/13
2013

6/13

6/13

TDCJ DISCIPLINARY REPORT AND HEARING RECORD

CASE: 20110356422 TDCJNO: 01641001 NAME: ALANIZ, JOEL
 UNIT: ING 61 UNIT: 61 RPT: JOEL TUCKER 3RD
 BLDG: 63 SUBT: 68 PRIMARY LANGUAGE: ENGLISH WHMR RESTRICTIONS: NONE
 SHDR: 8A / PJK OFF. DATE: 08/15/11 05:15 AM LOCATION: ND BLDG LT'S OFFICE
 TYPE: TF

EAI: 4.5

EAI: 4.00

EAI: 4.00

OFFENSE DESCRIPTION
 ON THE DATE AND TIME LISTED ABOVE, AND AT LT'S OFFICE, OFFENDER: ALANIZ, JOEL,
 TDCJ-ID NO. 01641001, DID ENGAGE IN A FIGHT WITHOUT A WEAPON WITH OFFENDER
 TUCKER 01606501, BY HITTING OFFENDER TUCKER IN THE FACE. MOREOVER, THE FIGHT
 DID NOT RESULT IN ANY INJURIES.

CHARGING OFFICER: FEN, M

SHIFT/CARD: 2 A

OFFENDER NOTIFICATION IF APPROPRIATE INTERPRETER,
 TIME/DATE NOTIFIED 1228 8-15-11 BY (PRINT) Jones CSU
 YOU WILL APPEAR BEFORE HEARING OFFICER 24 HRS OR MORE AFTER RECEIPT OF THIS
 NOTICE. DO YOU WANT TO ATTEND THE HEARING? NO IF NO, HOW DO YOU
 PLEASE? GUILTY NOT GUILTY

OFFENDER NOTIFICATION SIGNATURE: X Alans Joel DATE: 8-15-11
 BY SIGNING BELOW, YOU GIVE UP YOUR RIGHT TO A HEARING NOTICE AND AUTHORIZE THE
 HEARING OFFICER TO PROCEED WITH THE HEARING.

OFFENDER WAIVER SIGNATURE: X Alans Joel DATE: 8-15-11

HEARING DATE 8-15-2011 TIME 12:30 pm UNIT 61 FLOOR A FILE # 028 DFILE # 241777
 COUNSEL SUBSTITUTE AT HEARING: L Jones FOLDER # 5 DATE: 8-15-11
 EXPLAIN BELOW BY NUMBER (1) IF COUNSEL SUBSTITUTE WAS NOT PRESENT DURING THE
 HEARING, (2) IF ACCUSED OFFENDER WAS CONFINED IN PRE-HEARING DETENTION MORE THAN
 72 HOURS PRIOR TO HEARING, (3) IF ACCUSED WAS EXCLUDED FROM ANY PART OF THE
 EVIDENCE BY: (4) IF ANY WITNESSES OR (5) DOCUMENTATION WAS EXCLUDED FROM
 HEARING AND (6) OFFENDER WAS DENIED CONFRONTATION AND/OR CROSS-EXAMINATION OF
 WITNESSES AT THE HEARING. (7) IF HEARING WAS NOT HELD WITHIN SEVEN DAYS, EXCLUDING
 WEEKENDS AND HOLIDAYS, FROM THE OFFENSE DATE AND, (8) IF INTERPRETER USED:
 (SIGNATURE) Offender received 24 hour notice

OFFENDER STATEMENT: Guilty. NO Statements, NO witness, NO documentary Evidence at hearing.

OFFENDER PLEA: NO, NONE) 6

HEARING BY: NO, DSY

RECOGNIZANT PLEA: NO, DSY

RECOGNIZANT PLEA: NO, DSY

ADMISSION: ADMISSION OF GUILTY, OFFENDER REPORT. SEE ATTACHED OFFENDER'S

STATEMENT. SEE ATTACHED OFFENDER'S STATEMENT

RECOGNIZANT PLEA: NO, DSY

SPECIFIED PUNITIVE ACTION(S) FOR PARTICULAR PUNISHMENT IMPOSED: Kindergarten 21

RECOGNIZANT PLEA: NO, DSY

RECO

Informal Resolution App?	<input checked="" type="checkbox"/>
Accusing Officer	Y <input checked="" type="checkbox"/>
Supervisor	Y <input checked="" type="checkbox"/>

TEXAS DEPARTMENT OF CRIMINAL JUSTICE

OFFENSE REPORT

20110351422

Interpreter Required?	Y <input checked="" type="checkbox"/>
MIIMR Rest?	Y <input checked="" type="checkbox"/>
PHD	Y <input checked="" type="checkbox"/>

(1) TDCJ-No: 1641001 (2) Offender: Alaniz, Joel (3) Unit: Gurney
 (4) Housing Assign: A 1-2 (5) Job Assignment: Bather 3rd FT
 (6) Offense Level, Code Title: Level 2 Code 21.0 Fighting an offender without a weapon
 (7) date 8-13-11 (8) time 5:15 AM (9) Enter Specific Location

Offender Alaniz, Joel TDCJ No. 1641001

did engage in a fight without a weapon with offender Tucker 1606521 by hitting offender Tucker in the face. More over the fight did not result in any injuries.

(10) Additional Information:

On the said date and time, Warden and officers in 11. office I officer Few witnessed both offenders Alaniz 1641001 and Tucker 1606521 admit to fighting on A1 in dayroom

(Continue on an additional sheet if necessary)

(11) Witnesses: NONE

(12) Accusing Officer/Employee: Printed Name/Rank Few Cos

(13) Signature: Few

(14) Shift/Card ZA (15) Date 8-13-11 (16) Time 0530 AM

(17) Approving Supervisor's Printed Name: TULLY FLOWERS

(18) Date 8-13-11

(19) Grading Official (Print) J. Rayford

(20) Rank mg

(21) Date 8-15-2011

(22) Grade: (Circle One) IR UP MI MA (23) Justification to override Informal Resolution:

Corrective Actions

- Employee Performance Log: Sergeant Matthew Seda
- Employee Performance Log: Sergeant Tully Flowers

TDCJ EMPLOYEE PERFORMANCE LOG	
Employee Name: <u>Seda, Matthew</u>	SSN: _____
Position Title: <u>Sergeant of Correctional Officers</u>	
Supervisor Comments/Recommended Actions: (e.g. discussion notes, expectations, action plans, time lines and other measures, and records of significant events)	Employee Comments: <i>MS.</i>
<p>Observation Dates - From: 08/17/2011 To: 08/17/2011</p> <p>On August 17, 2011, a review of I-11520-08-11, a report for the death of offender James, Kenneth #1726849 was conducted. During that review, it was noted, in your statement, that at approximately 0020 hours, Officer Doris Edwards, CO V reported that offender James appeared ill and was displaying abnormal behavior. Because you were understandably busy with your duties as it pertained to the unit count and, after confirming that the offender was in a secure area, you instructed Officer Edwards to maintain a visual on the offender and that you would report to the building shortly.</p> <p>Shortly after this discussion with Officer Edwards, Officer Robert Tatum, CO IV entered the Lieutenant's Office with an offender who works for him in the Food Service Department, and reported that he had injuries consistent with having been involved in a physical altercation. You instruct Officer Tatum to stage the offender outside of the Lieutenant's Office for further investigation upon completion of the unit count.</p> <p>After the report from Officer Tatum, you receive yet another report from Officer Revoyda Dodd, CO IV about offender James' condition. With the offender in a secure area, you provide her with the same instructions that you provided Officer Edwards.</p> <p>Upon completion of the unit count, you exited the Lieutenant's Office and make contact with the offender that was involved in the physical altercation. After questioning this offender, you proceed to A1-Building and begin an investigation into that incident, consequently, forgetting about the report about offender James.</p> <p>The responsibilities of a supervisor can be overwhelming, and especially so for supervisors on shift. It is understandable that with all of the requirements that are made of a supervisor, that you will forget to complete some tasks or follow-up on some minor incidents from time to time. In this case, the abnormal behavior of offender James.</p> <p>The physical altercation that you proceeded to investigate had</p>	

See Next Page

August 17, 2011
 Employee Performance Log: Matthew Seda, Sergeant

already occurred and was not ongoing at the time of its discovery. The issues involving offender James were; however, ongoing at the time of the incident and should have been given priority attention. The investigation into the fight could have been completed afterwards or even forwarded to the relieving shift for completion, if need be. You indicated to me that you did not notify Lt. Toby Whitfield of the report received regarding offender James, which may have allowed Lt. Whitfield to coordinate staff in a manner to address both incidents immediately.

You returned to shift on May 31, 2011, following several months in the Intake/Receiving Department and that assignment was after you were assigned to a shift for just a short while. The responsibilities of the shift supervisor, as you are quickly learning, are more important than those of other supervisors on the unit. Managing staff, the unit operations and the health and safety of the offender population can prove to be challenging and, in most cases you excel at this.

It is impossible to know what would have happened had you been able to report to the building sooner than you had. While you can speculate on what may have happened had you done so, it is more important to focus on what we do know. The investigation into this incident revealed that you forgot to follow-up on the report received from Officer Dodd and Officer Edwards, but, from the moment the incident occurred, you have been truthful and forthcoming in this fact. In addition, you have an excellent history of completing all tasks assigned to you and have always, other than this one incident, promptly followed up on reports from staff or offenders that required you to do so. Your honest admission that you forgot, from the beginning of this investigation, was appreciated and prevented this information from having to be discovered through other information in the investigation which has been known to have happened in the past with other staff in different incidents.

While your actions are unacceptable and are in violation of PD-22, General Rules of Conduct for Employees, specifically, Substandard Duty Performance, those actions were not deliberate or malicious. As a result, rather than formal disciplinary, this entry is being made to impress upon you the importance of following up on reports of any type from staff. Staff may not describe an incident to you correctly on the telephone and you may realize in an investigation that the incident reported was much more serious than had been explained to you. This is why it is important that you address each report from staff and, if your involvement was not needed, address with the responsible staff so that they will know what their correct response should have been without needing supervisor assistance. In addition, if provided vague information on the telephone, additional questioning of the officer may yield additional information that will allow you to respond more appropriately.

Supervisor's Initials: PJM Date: 08/17/2011
 MM/DD/YYYY

Employee's Initials: MJS Date: 08-17-2011
 MM/DD/YYYY

The original of this form shall be maintained in a supervisory file in accordance with PD-55, "Management of Employee Files." This form shall not be attached to the employee's performance evaluation. A copy may be placed in an employee's disciplinary file only when it is used to support a disciplinary action taken in accordance

TDCJ EMPLOYEE PERFORMANCE LOG		
Employee Name: <u>Flowers, Tully</u>		SSN: _____
Position Title: <u>Sergeant of Correctional Officers</u>		
Supervisor Comments/Recommended Actions: (e.g. discussion notes, expectations, action plans, time lines and other measures, and records of significant events)		Employee Comments:
Observation Dates - From: 08/13/2011 To: 08/17/2011 <p>On August 13, 2011, while responding to the medical emergency of offender James, Kenneth #1726849 and at the request of LVN Linda McKnight, you instructed Officer Ronald Burt, CO V to get the vitals of offender James.</p> <p>You nor Officer Burt are trained or licensed medical professionals and should never take any vitals for an offender who is in need of medical assistance regardless of whether medical staff ask you to do so or not.</p> <p>This should not be construed to mean that you should not assist medical when needed. If medical is present and ask you for assistance you should do so. This should also not be construed to mean that you should not provide medical assistance when responding to an emergency when medical staff is not available on the unit, but a response using first-aid or life saving measures does not require that you operate equipment that you are not trained to operate or make medical determinations that you are not trained to make. While you adequately responded to this incident, the response would not have been any less had you not taken the vitals as, regardless of the vitals, the offender was being transported to either Beto Medical or a off-site medical facility.</p> <p>Other than this slight deviation, your response to and handling of the death of offender James was excellent. You and your staff responded appropriately and should be commended for doing so.</p>		<p><i>yes sir</i></p>
Supervisor's Initials: <u>RP</u> Date: <u>08/17/2011</u> MM/DD/YYYY		Employee's Initials: <u>TF</u> Date: <u>8-17-2011</u> MM/DD/YYYY

The original of this form shall be maintained in a supervisory file in accordance with PD-55, "Management of Employee Files." This form shall not be attached to the employee's performance evaluation. A copy may be placed in an employee's disciplinary file only when it is used to support a disciplinary action taken in accordance with PD-22, "General Rules of Conduct and Disciplinary Action Guidelines for Employees."

Note to Employee: With few exceptions, you are entitled upon request: (1) to be informed about the information the Agency collects about you; and (2) under Sections 552.021 and 552.023 of the Government Code, to receive and review the collected information. Under Section 559.004 of the Government Code, you are also entitled to request, in accordance with the Agency's procedures, that incorrect information that the Agency has collected about you be corrected.

MAJOR INCIDENT CHECKLIST

EAC#: I-11520-08-11 DATE OF INCIDENT: 08/13/2011

ATTACHMENT	INCLUDED	PENDING	N/A
EMAIL REPORTING INCIDENT TO EAC (CAN BE COPY)	x		
SERIOUS INCIDENT REPORT (TNG 93) MUST BE ORIGINAL WITH 2 SIGNATURES	x		
STATEMENTS, IF APPLICABLE, FROM STAFF & /OR OFFENDERS ()	x		
PHOTOGRAPHS (IDENTIFY BY NAME, () TDCJ#, DATE, INCIDENT#) MUST BE ORIGINAL	x		
TRAVEL CARD TO INCLUDE CURRENT VISITATION (COPY)	x		
OFFENDER PROTECTION INVESTIGATION WITH UCC ACTION			x
IF AN OFFENDER DEATH INCLUDE: a. TRANSPORT ORDER FORM b. AUTOPSY ORDER FORM c. CUSTODIAL DEATH REPORT			x
RM-03 & RM-04	x		
COPY OF DISCIPLINARY REPORT (IF WRITTEN)			x
IF TRANSFERRED OFF UNIT COPY OF TRANSPORT ORDER FORM	x		
STG INVESTIGATION IF CONDUCTED & PERTINENT TO INCIDENT			x

- REQUIRED ONLY IN THE EVENT OF AN OFFENDER DEATH.

REVIEWED BY:

MAJOR: R. L. S. DATE: 8-20-2011
 ASST. WARDEN: J. M. C. DATE: 8/23/11
 WARDEN: W. H. C. DATE: 8-23-11

fm *dm*

Addition

I-11520-08-11

***** REQUESTOR: SSA9688 - SALLEE, STACEY EMERGENCY ACTION CENTER *****
***** SYSTEM IN BASKET PRINT *****

MESSAGE ID: 032557 DATE: 08/17/11 TIME: 14:41 PRIORITY: 000

TO: HQEAC01 - CENTER, EMERGENCY ACTION
GENERAL TERMINAL
EMERGENCY ACTION CENTER

FROM: RMI9388 - MINTON, RICKY
LIEUTENANT
GURNEY UNIT

SUBJECT: I-11520-08-11 (ADDENDUM)

IN THE ORIGINAL REPORT FOR I-11520-08-11, THE FOLLOWING WAS
INADEQUATELY OMITTED:

OFFENDER JAMES, KENNETH #1726849 IS A UNITED STATES CITIZEN.

DRAFTED BY: RICKY MINTON, LIEUTENANT
AUTHORIZATION: JERRY RAYFORD, MAJOR

Sent to: EAC *(list)* (to)

✓ *AC*

TREATMENT: CONDUCTED LIFE SAVING MEASURES IN AN ATTEMPT TO PROTECT DEATH

EMPLOYEE INFORMATION

NAME (LAST, FIRST M)	SSN	RACE	SEX	AGE	RANK
N/A					

WHEN REPORTING AN ALLEGED SEXUAL ASSAULT PLEASE PROVIDE THE FOLLOWING

WAS A RAPE KIT COMPLETED YES NO DECLINED

WAS A SEXUAL ASSAULT REPRESENTATIVE REQUESTED/PROVIDED YES NO DECLINED
IF YES NAME/TITLE OF REPRESENTATIVE:

WHEN REPORTING A DEATH/SUICIDE/HOMICIDE PLEASE PROVIDE THE FOLLOWING

DATE: 08 / 13 / 2011 TIME: 04 : 16 PRONOUNCED DECEASED

PERSON PRONOUNCING VICTIM DECEASED NAME/TITLE: HEIDI KNOWLES / M.D.

COUNTY WHERE DEATH OCCURRED: ANDERSON

PRELIMINARY CAUSE OF DEATH: CARDIAC ARREST

NEXT OF KIN NOTIFIED X YES NO DATE: 08 / 13 / 2011 TIME: 06 : 10

NAME OF NOK: MARY JAMES (MOTHER)

HUNTSVILLE FUNERAL HOME NOTIFIED X YES NO

JUSTICE OF PEACE NOTIFIED: X YES NO

DESCRIPTION OF WEAPON(S) CONTRABAND

N/A

CHEMICAL AGENT INFORMATION

AMOUNT	LIST TYPE	AUTHORIZATION
N/A	N/A	N/A

WAS TEAM AUTHORIZED YES X NO DECONTAMINATED YES X NO INJURIES YES X NO

WERE ANY TECHNOLOGIES/PROTECTIVE EQUIPMENT/CANINE LISTED BELOW PERTINENT TO THIS INCIDENT?

YES NO X

IF YES, INDICATE APPLICABLE

PARCEL SCANNER	N/A
WALK THROUGH METAL DETECTOR	N/A
HAND HELD METAL DETECTOR	N/A
B.O.S.S. CHAIR	N/A
VIDEO SURVEILLANCE	N/A
HEARTBEAT DETECTION SYSTEMS	N/A
BODY ALARM	N/A
PERIMETER FENCE DETECTION SYSTEMS	N/A

11520

STAB-RESISTANT VEST	N/A
NARCOTIC DETECTOR CANINE	N/A
CELL PHONE DETECTOR CANINE	N/A
PACK CANINES	N/A
S.A.R. CANINES	N/A
CONTRABAND INTERDICTION SHAKEDOWN TEAM	N/A
OTHER: N/A	

WHEN APPLICABLE INCLUDE IN THE "SUMMARY OF INCIDENT" HOW THE RESOURCE(S) IDENTIFIED ABOVE WAS RELEVANT TO THE INCIDENT.

SUMMARY OF INCIDENT

ON 08/13/2011 THE JOE F. GURNEY TRANSFER FACILITY LOCATED IN PALESTINE TEXAS REGION II, WAS NOTIFIED THAT OFFENDER JAMES, KENNETH 1726236 WAS PRONOUNCED DECEASED AT 0416 HOURS AT PALESTINE REGIONAL MEDICAL CENTER EMERGENCY ROOM.

OFFENDER JAMES, KENNETH 1726849 IS A 5'10" 266-POUND FIFTY-TWO YEAR OLD BLACK MALE IN 02-CUSTODY SERVING A 5-YEAR SENTENCE FOR ASSAULT FAMILY VIOLENCE ENCHANCED OUT OF MCLENNAN COUNTY TEXAS.

AT APPROXIMATELY 0240 HOURS, OFFICER GLORIE HARRIS COIV NOTIFIED LIEUTENANT TOBY WHITFIELD THAT AN OFFENDER IN B3-DORMITORY WAS IN THE DAYROOM URINATING ON HIMSELF AND COULDN'T STAND UP. LIEUTENANT WHITFIELD INSTRUCTED OFFICERS KENNETH MANGAN COIV AND TORRANCE STEPHENS COV TO OBTAIN A WHEEL CHAIR AND RESPOND TO B3-DORMITORY AND RETRIEVE OFFENDER JAMES FROM THE DAYROOM AND ESCORT HIM TO THE UNIT MEDICAL DEPARTMENT.

OFFICER STEPHENS AND MANGAN RETRIEVED THE OFFENDER FROM THE DAYROOM AND PROCEEDED TO THE MEDICAL DEPARTMENT WITH THE OFFENDER. AT THE MEDICAL DEPARTMENT, SERGEANT TULLY FLOWERS NOTIFIED REGISTERED NURSE MCKNIGHT AT THE BETO UNIT OF THE OFFENDERS CONDITION. MRS. MCKNIGHT INFORMED SERGEANT FLOWER TO TRANSPORT THE OFFENDER TO THE BETO UNIT FOR EVALUATION. WHILE THE OFFENDER WAS BEING PREPARED FOR TRANSPORT, THE OFFENDER LEANED OVER IN THE WHEEL CHAIR AND BECAME UNRESPONSIVE. SGT. FLOWERS NOTIFIED LT. WHITFIELD OF THE OFFENDERS CURRENT STATUS AND LT. WHITFIELD INSTRUCTED THE CENTRAL CONTROL OFFICER TO CALL 911 AND REQUEST EMERGENCY SERVICES AT 0248.

THE OFFENDER CONTINUED TO BE UNRESPONSIVE. SERGEANT NOTIFIED WARDEN DENNIS MILLER OF THE SITUATION. THE OFFENDER WAS MOVED FROM THE WHEEL CHAIR AND PLACED ON THE GURNEY IN THE UNIT EMERGENCY ROOM.

AT APPROXIMATELY 0319 HOURS, THE AMBULANCE ARRIVED ON THE FACILITY AND ENTERED THE BACK GATE. ONCE AT THE UNIT INFIRMARY, LT. WHITFIELD BRIEFED THE EMT'S OF THE OFFENDERS CONDITION. THE EMT'S BEGAN TAKING VITAL SIGNS. 911-OPERATOR SARAH WARDELL INFORMED LT. WHITFIELD THAT THE AIR AMBULANCE WOULD BE UTILIZED FOR THE TRANSPORT.

THE OFFENDER WAS REMOVED FROM THE UNITS MEDICAL GURNEY AND PLACED OF THE AMBULANCE GURNEY. THE OFFENDER WAS MOVED FROM THE UNIT EMERGENCY ROOM TO THE AMBULANCE.

11520

(SEND ADDITIONAL INFORMATION TO HQEAC01 INCLUDE INCIDENT NUMBER AS SUBJECT)
PREPARED BY: LIEUTENANT TOBY WHITFIELD DATE: 08 / 13 / 2011
AUTHORIZED BY: WARDEN DENNIS MILLER

Sent to: EAC (list) (to)
TWH5304 WHITFIELD, TOBY (to)

11520

McCollumShanes2-308

TRI
Death

HISW-108-1

REQUESTOR: GKE0144 - KELLOGG, GINGER EMERGENCY ACTION CENTER
SYSTM IN BASKET PRINT

MESSAGE ID: 010819 DATE: 08/13/11 TIME: 13:08 PRIORITY: 0000

TO: HQEAC01 - CENTER, EMERGENCY ACTION
GENERAL TERMINAL
EMERGENCY ACTION CENTER

FROM: TTA4090 - TAYLOR, THOMAS
CHAPLAIN II
BURNETT UNIT

SUBJECT: DEATH NOTIFICATION

DEATH NOTIFICATION

INMATE: JAMES, KENNETH WAYNE TDCJ# 1726849
DATE OF DEATH: 06/13/2011
CUSTODY: L1 W STATUS: ACTIVE RACE: W DOB: 11/25/58 AGE: 52
CAUSE OF DEATH: CARDIAC ARREST TIME: 0416 HR DOCTOR: DR. HEIBLT KNOWLES
PLACE OF DEATH: PALESTINE REGIONAL MED. CENTER
DUTY WARDEN: D. MILLER TIME: 0417 HRS
JUSTICE OF THE PEACE: JAMES E. TODD TIME: 0442 HRS
TDCJ-ID-IAI: MARK OWENS TIME: 0435 HRS
CARNES FUNERAL HOME: JACOB LITTLE TIME: 0505 HRS
CHAPLAIN: THOMAS TAYLOR TIME: 0530 HRS
EAC: I-11520-08-11 TIME: 0612 HRS
APPROVAL OF AUTOPSY BY N.O.K. (X) YES () NO () UNABLE TO CONTACT
N.O.K. MARY L. JAMES TIME 0640 HRS PHONE 806-747-3154
ADDRESS: 2638 E. AUBURN ST FAMILY WILL(X) WILL NOT() CLAIM BODY
ADDRESS: LUBBOCK, TX 79903
LOCATION OF BODY: CARNES FUNERAL HOME
LOCATION OF INMATE PROPERTY: GURNEY UNIT

Sent to: HSMA016 DEATH RECS/CAROLYN MCMILLIAN (to)
HWWAR01 HUNTSVILLE_WARDENS_OFFICE (to)
CHAPSUP HARDIN, LAWANA (to)
HQEAAC01 CENTER, EMERGENCY ACTION (to)
CAS7772 ASHWORTH, CARISE (to)
KEN2430 ENLOE, KELLY (to)
BML0702 MILLER, DENNIS (to)
TTA04099 TAYLOR, THOMAS (to)

Trs' Death

REQUESTOR: GKE0144 - KELLOGG, GINGER EMERGENCY ACTION CENTER
SY S M I N B A S K E T P R I N T

MESSAGE ID: 010681 DATE: 08/13/11 TIME: 10:44 PRIORITY: 000

TO: HQEAC01 - CENTER, EMERGENCY ACTION
GENERAL TERMINAL
EMERGENCY ACTION CENTER

FROM: TWH5304 - WHITFIELD, TOBY
LIEUTENANT
GURNEY, UNIT

SUBJECT: T-11520-08-11/CONTINUATION

TO: EMERGENCY ACTION CENTER (EAC)
HUNTSVILLE, TEXAS

FROM: TOBY WHITFIELD, LIEUTENANT
JOE F. GURNEY TRANSFER FACILITY
PALESTINE, TEXAS

SUBJECT: I-11520-08-11/CONTINUATION
OFFENDER DEATH
JAMES KENNETH #1722484G

L.T. WHITFIELD NOTIFIED THE BETO UNIT THAT AN AIR AMBULANCE WAS ENROUTE AND THE TENNESSEE COLONY VOLUNTEER FIRE DEPARTMENT WAS SUMMONED.

ONCE THE OFFENDER WAS IN THE AMBULANCE, OFFICER VINCENT MCKNIGHT COV ASSISTED MEDICAL STAFF ON THE AMBULANCE BY USING A B.P. BAG. MEDICAL STAFF ATTEMPTED TO INTUBATE THE OFFENDER AND AN I.V. WAS STARTED. THE OFFENDER'S MEDICAL CONDITION CONTINUED TO DECLINE.

AT APPROXIMATELY 0338 THE AMBULANCE BEGAN TO MOVE TOWARD THE BACK GATE IN PREPARATION FOR THE AIR AMBULANCE. WHILE THE AMBULANCE WAS ENROUTE TO THE BACK GATE, THE DRIVE INFORMED LT. WHITFIELD THAT THE OFFENDER HAD CODED AND NEEDED TO BE TRANSPORTED TO THE HOSPITAL BY AMBULANCE IMMEDIATELY INSTEAD OF WAITING FOR THE AIR AMBULANCE. OFFICER MCKNIGHT STAYED IN THE BACK OF THE AMBULANCE AND CONTINUED TO ASSIST WITH LIFE SAVING EFFORTS.

THE AIR AMBULANCE WAS CANCELED BY THE MEDICAL STAFF ON-BOARD OF THE AMBULANCE. SERGEANT MATTHEW SEDA AND OFFICER BURT FOLLOW THE AMBULANCE IN A STATE VAN TO PALESTINE REGIONAL MEDICAL CENTER EMERGENCY ROOM. HARDEN MILLER IS UPATED ON THE DEFENDERS CONDITION.

AT 0410 HOURS, SERGEANT SEDA INFORMED LT. WHITFIELD THAT THE OFFENDER WAS IN THE EMERGENCY ROOM AND LIFE SAVING MEASURES WERE STILL BEING PERFORMED BY MEDICAL STAFF IN THE ER. AT 0417 HOURS, SERGEANT SEDA NOTIFIED LT. WHITFIELD THAT THE OFFENDER WAS DECEASED.

OFFENDER JAMES WAS PRONOUNCED DECEASED AT 0416 HOURS BY MEDICAL DOCTOR HEIDI KNOWLES. PRELIMINARY RESULTS INDICATED CARDIAC ARREST.

LT. WHITFIELD UPDATED WARDEN MILLER ON THE SITUATION.

AT 0442 HOURS, OFFICE OF INSPECTOR GENERAL, MARK OWENS WAS NOTIFIED OF THE INCIDENT.

AT 0445 HOURS, CAPTAIN MICHAEL LUMPKINS WAS NOTIFIED OF THE INCIDENT.

AT APPROXIMATELY 0500 HOURS, JUSTICE OF THE PEACE JAMES TODD ARRIVES AT PALESTINE REGIONAL MEDICAL CENTER AND COMPLETED A INQUEST TRANSPORT ORDER AND THE ORDER FOR AUTOPSY.

AT 0505 HOURS, JACOB LITTLE OF CARNES FUNERAL HOME IN TEXAS CITY WAS NOTIFIED OF THE DECEASED OFFENDER.

AT 0511 HOURS, MARK OWENS ARRIVED AT PALESTINE REGIONAL MEDICAL CENTER EXAM ROOM #1 AND BEGAN INVESTIGATOR'S REPORT OF CUSTODIAL DEATH FORM AND TOOK DIGITAL PHOTOS OF THE OFFENDER.

AT APPROXIMATELY 0605 HOURS, WARDEN MILLER, CAPTAIN LUMPKINS AND CHAPLAIN THOMAS TAYLOR ARRIVED ON THE FACILITY.

AT 0640 HOURS, CHAPLAIN TAYLOR NOTIFIED MARY JAMES, MOTHER OF OFFENDER JAMES OF HIS DEATH.

AT 0645 HOURS, SERGEANT FLOWERS NOTIFIED ANDERSON COUNTY SHERIFF DEPARTMENT THAT OFFENDER JAMES BODY WAS BEING HELD IN EXAM ROOM #1 AT PRMC UNTIL ARRANGEMENTS WITH CARNES FUNERAL HOME COULD BE MADE.

AT 0655 HOURS, SERGEANT FLOWERS NOTIFIED J. LOWERY OF THE OFF-SITE MEDICAL COMMAND CENTER, OF THE INCIDENT.

AT 0955 HOURS, CARNES FUNERAL HOME, DICKY SYERS ARRIVED AT PALESTINE REGIONAL MEDICAL CENTER TO PICK UP THE BODY FOR TRANSPORT TO UTMB-GALVESTON FOR AN AUTOPSY. AT 1005 HOURS, MR. DICKY TOOK POSSESSION OF THE BODY AND DEPARTED PALESTINE REGIONAL MEDICAL CENTER.

K. CRUMBY OF THE EMERGENCY ACTION CENTER WAS NOTIFIED OF THE INCIDENT AT 0612 HOURS AND INCIDENT NUMBER I-11520-08-11

C.R.I.S.P. WAS OFFERED TO ALL STAFF MEMBERS INVOLVED AND ALL DECLINED.

11520

"ADDITIONAL INFORMATION WILL BE PROVIDED AS IT BECOMES AVAILABLE",

DRAFTED BY: LIEUTENANT TOBY WHITFIELD
AUTHORIZATION: WARDEN DENNIS MILLER

Sent to: EAC (list) (to)
TWH5304 WHITFIELD, TOBY (to)

11520